ATTENTION: VFW POSTS -- TO APPLY FOR A HOME DEPOT COMMUNITY IMPACT GRANT, BEGIN BY GOING TO THE FOLLOWING WEBSITE:

http://homedepotfoundation.org/page/applying-for-a-grant

Please, read through all information on the page before beginning the application so you will become acquainted with the process and the general rules.

Toward the bottom of the web page, you will see the bold line that indicates the time period to apply. Then, just below that, select: "To begin a new application, click here."

PLEASE NOTE: All questions must be answered exactly like the screen prints on each of the following pages. Failure to do so might jeopardize your Post's ability to receive a grant. Once you have begun the application try to finish it as using the "Save and Finish Later" option does not always work correctly.

This is the log-in screen (below). Unless you have applied previously for a Home Depot grant with the same email address, you must register first. Click on the "NEW APPLICANT?" tab which I have highlighted in "yellow."

Please Sign In

WELCOME TO THE HOME DEPOT FOUNDATION'S ONLINE APPLICATION AND REQUIREMENTS LOGIN PAGE.
Please enter your log in information below to access your saved applications or to view requirement forms that are due.

*If you are a **new applicant** then select "New Applicant?" below and create a new account.
We highly recommend that you create only one account for your organization to be shared by all users.

E-mail

Password

New Applicant?

Forgot Password?

Login

New Applicant?

An account allows you to access your saved and submitted applications at any time. It also allows us to send you a submission confirmation e-mail and notify you if additional information is necessary to process your application.

E-mail

Confirm E-mail

Password (minimum of 5 characters)

Confirm Password

[Continue]

Enter your email address (can be a personal email, does not have to be the Post's email address), confirm it, then choose a password—does not have to be your email password just a password that you will remember like "VFW Post 1234." Now hit continue….

TAX ID INSTRUCTIONS

Please enter your organization's Federal Tax Identification Number below. This is also known as the Employer Identification Number (EIN) and should be on file with your organization's finance department. Please note:

- The Home Depot Foundation only grants to registered nonprofit organizations in good standing with the Internal Revenue Service (IRS).
- Please be prepared to submit a copy of your organization's **IRS determination letter** (or a W-9 Form if a public agency).
- If your organization is a subgroup or affiliate of a parent organization, you will be required to provide the registered IRS determination letter and EIN.

Should you need assistance with obtaining your EIN, you may search the IRS's online list of registered charitable organizations.

Please enter your Tax ID: [ ] [OK]

Enter the TAX ID # for your Post.

Part 1: Grant Application

All questions below must be answered prior to moving forward with the 2nd part of the application process.

1). Have you reviewed the Community Impact Grant Program guidelines?

Yes ▼

2). Is your organization a registered 501(c)(3) nonprofit organization, tax-exempt public school, or tax-exempt public agency in the U.S. with a valid IRS Tax ID?

Yes ▼

3). Will your project begin in 2014?

Yes ▼

4). If funded, will your project be completed within 6 months of The Home Depot Foundation's grant award date?

Yes ▼

5). If funded, would you be able/willing to provide pictures and a story from your project within 30 days of the project end date?

Yes ▼

6). Are you requesting a grant for any of the following?

None of the above

7). This program awards grant funds exclusively in **The Home Depot gift cards**. Will this hinder execution of your project?

No ▼

8). Has your organization been in existence for more than one year?

Yes ▼

9). Will volunteers from your community be used to complete this project?

Yes ▼

10). Will the project take place in the United States?

Yes ▼

11). Has your organization received a Community Impact Grant from The Home Depot Foundation in the last twelve months?

No ▼

Submit

Answer these questions exactly as above then hit the "Submit" button.

MORE INFORMATION ON THE NEXT PAGE………

Part 2: Grant Application

This is a competitive grant program. Please refer to our "Program Guidelines" and "FAQ's" in the upper right corner of this page for better success in completing this part of the application.

Priority will be given to projects that engage veterans as volunteers to help other veterans in their community through service projects focusing on the renovation, repair and improvement of homes and other properties serving veterans.

Please use proper punctuation and spelling when completing the below fields. Text is processed exactly how entered and will become a permanent part of your records.

ORGANIZATION INFORMATION

If the name of your post is not automatically noted in NAME OF ORGANIZATION, enter it in the space below.

* Name of Organization

> VFW Post (Post # here)

Organization's Legal Name

If different from name above, please provide your legal name as registered with the IRS; if the same, please leave this field blank

LEAVE BLANK UNLESS IT VARIES SLIGHTLY FROM YOUR VFW POST #, FOR EXAMPLE "VFW SGT. CARSON MEMORIAL POST 1234"

If legal name is different, please explain briefly below

Leave blank if not applicable

EXPLAIN THAT BOTH NAMES REFER TO THE POST.

If your organization is known by another name (such as a d/b/a) or goes by an acronym, please list below

Leave blank if not applicable

Tax ID Number (*also known as Federal Employer Identification Number or EIN*)

You will be required to attach proof of your IRS charitable status on the last page of the application Enter in following format 12-3456789 (note, your EIN is a 9-digit number issued by the IRS)

[ ] **Your post's Tax ID # should already be filled in. If not, please enter it in again in this box; remember to use a dash after the second number.**

This is also referred to as the Internal Revenue Code (IRC)

[501(c)19 ▼] **CHOOSE 501(c)19 from the drop down menu**

* Street Address

Enter a physical street address; we cannot accept PO Boxes

Note, an incomplete or insufficient address may result in funding delays; please make sure to include suite numbers, etc.

[   ]

ENTER IN YOUR POST'S STREET ADDRESS. DO NOT USE A PO BOX!

* City

[   ] **CITY WHERE POST IS LOCATED.**

* State

Select one

[<Select One> ▼] **CHOOSE YOUR POST'S STATE FROM THE DROP DOWN BOX.**

* Postal Code

Use Format: 12345-1234

[   ] **ENTER ZIP CODE**

* Country

This program only funds projects in the United States

[United States ▼] **UNITED STATES**

* Organization's Main Phone Number

Use format: xxx-xxx-xxxx

[   ] **POST PHONE NUMBER. IF THE POST DOES NOT HAVE A PHONE NUMBER USE THE PHONE NUMBER OF THE COMMANDER OR QUARTERMASTER.**

Organization's Main Fax Number
Use format: xxx-xxx-xxxx

[   ] **IF POST HAS A FAX NUMBER THEN ENTER IT, IF NOT LEAVE BLANK.**

* Organization's Website Address

Use format: www.name.org

[   ]

IF THE POST HAS A WEBSITE THEN ENTER IT HERE, IF NOT USE www.vfw.org

THIS IS A REQUIRED ENTRY FOR SUBMISSION.

＊ Please select the organization type that best describes your organization

Select only one

Veterans Organization ▾

Choose "Veterans Organization" from the drop down box.

＊ Please copy your organization's mission statement below; you will have an opportunity to add more information in the next field about your organization

Limit to 100 words or less

[text area]

Example: "VFW Post 1234 supports programs and services that help local troops, military families and veterans. We also perform a variety of community outreach designed to improve the lives of all residents as well as ensuring an understanding of patriotism especially among school children."

＊ Please briefly describe your organization's history, basic goals, and/or purpose

Limit to 200 words or less

[text area]

Briefly list the history of your Post. Example: "VFW Post 1234 was founded in 1945 by returning World War II veterans. Our members, both male and female, range in age from 18 to 80+, and represent a broad cross section of our community. We are a Post in good standing with the National VFW which since 1899 has promoted the rights and dignity of U.S. combat troops and ensured that they are properly compensated for the personal sacrifices made to defend the freedoms of all Americans."

＊ Please provide your organization's annual budget

Please do not add text or symbols, only numbers rounded to the nearest dollar

[____] . [__] **Enter the annual budget of the Post with no dollar sign or comma, for example, 50000.00**

＊ What is the primary population group your organization serves?

Veterans/ Military ▾

Veterans/Military

＊ Approximately how many people does your organization serve annually?

Please do not add text or symbols, only numbers (do not enter a range -- one number only please)

[_____] **This figure should be more than just your membership. Include an approximation that allows for all visitors and those who might use the Post for any type of function as well as all individuals that your Post helps through its many programs and services.**

ORGANIZATION PRIMARY CONTACT

This is the primary contact for your organization, not necessarily the contact for this project; the person listed here will be consistent for all grants awarded to your organization and is usually the person that signs the grant agreement (e.g. President, CEO, Development Director, etc.)

Organization Contact Prefix

[<Select One>   ▼]

* Organization Contact First Name

[   ]   **BEST TO INCLUDE CONTACT INFORMATION FOR THE POST'S COMMANDER OR QUARTERMASTER.**

* Organization Contact Last Name

[   ]

* Organization Contact Title

[   ]

* Office Address

Enter a physical street address; we cannot accept PO Boxes

[   ]   **USE THE POST'S ADDRESS NOT THE HOME ADDRESS OF A VFW MEMBER, AGAIN NO PO BOX ONLY A STREET ADDRESS.**

* City

[   ]

* State   **ENTER IN ALL INFO THAT FOLLOWS. IF THE POST DOES NOT HAVE A FAX THEN LEAVE THAT BOX BLANK.**
Select one

* Postal Code

Use Format: 12345-1234

[   ]

* Country

[United States   ▼]

* Email Address

[   ]

* Phone Number

Use format: xxx-xxx-xxxx

[   ]

Phone Extension

If applicable

[   ]

Mobile Phone (work)

Use format: xxx-xxx-xxxx

[   ]

Fax Number

Use format: xxx-xxx-xxxx

[   ]

PROJECT CONTACT

This is the primary contact or lead person for this project; this person is responsible for the project and is the primary contact for all communications and reporting requirements

Click here if the Project Contact is the same as Organization Primary Contact

☑ **BEST TO CHECK THIS BOX AS IT WILL AUTOFILL THE CONTACT INFORMATION.**

* Project Contact Prefix

[<Select One>   ▼]

* Project Contact First Name

[   ]

* Project Contact Last Name

[   ]

* Project Contact Title

[   ]

* Office Address

[   ]

* City

* State

Select one

| <Select One> ▼ |

* Postal Code

Use Format: 12345-1234

* Country

| United States ▼ |

* Email Address

This will be the primary email used for all grant correspondence; please make sure you add us to your organization's safe list to avoid our emails going to your junk mail

* Phone Number

Use format: xxx-xxx-xxxx

Phone Extension

Mobile Number (work)

Use format: xxx-xxx-xxxx

Fax Number

Use format: xxx-xxx-xxxx

* **PROJECT INFORMATION**

Project Title

Please list a short title (limit to under 15 words), not a description of the project. You'll be able to enter a description later in the application. (Examples: "Support for Home Repairs for Disabled Veterans"; "Community Garden Project,"; or "Extended Care Facility Expansion")

GIVE YOUR PROJECT A SHORT NAME, FOR EXAMPLE, "VFW POST 1234 – KITCHEN REMODEL" OR "POST BEAUTIFICATION PROJECT," OR "POST ENERGY SAVINGS REMODEL."

* Amount of Request from The Home Depot Foundation

[____] . [____] **YOU CAN REQUEST UP TO $5,000. REMEMBER DO NOT USE DOLLAR SIGNS OR COMMA.**

* Total Project Budget

Include all funding from all sources for this project

[____] . [____] **THIS IS THE TOTAL BUDGET FOR YOUR PROJECT. REMEMBER DO NOT USE DOLLAR SIGNS OR A COMMA. TRY TO IDENTIFY A PROJECT THAT IS NOT MORE THAN $8,000. IN OTHER WORDS, IF YOUR PROJECT COST $50,000, HOME DEPOT MIGHT WONDER HOW THE POST WILL COME UP WITH THE REST OF THE MONEY (BEYOND THE $5,000 THEY MIGHT GIVE).**

* Please provide an overview or summary of your project (project description)

Limit to 200 words or less

[   ]

DESCRIBE YOUR PROJECT, FOR EXAMPLE: "VFW POST 1234 urgently needs to install handicapped ramps as many of our members and other visitors are wheelchair bound and have difficulty entering the building which at the moment only has stairs."

* Project's Start Date

MM/DD/YYYY

[____] 📅 **ENTER A START DATE SOMETIME IN THE NEXT 3 MONTHS.**

* Project's End Date

MM/DD/YYYY (If this is a one-day project, please use the same start and end dates)

[____] 📅 **THE PROJECT MUST BE COMPLETED WITHIN THE NEXT 6 MONTHS. DO NOT LIST A COMPLETION DATE BEYOND THIS TIME FRAME OR THE POST WILL AUTOMATICALLY BE DISQUALIFIED.**

* Enter the City where your project will take place

[____] **CITY WHERE YOUR POST IS LOCATED**

* Select the State where your project will take place

[<None> ▾] **STATE**

Is your project location(s) considered to be part of a major metropolitan area? If so, please list below the metro area served; if not, then please enter "N/A"

Example: project location is in Alexandria, VA; metro area served would be Washington, DC

[____] **IF THE POST IS NEAR A LARGER CITY THEN LIST THAT CITY.**

* From the list below, please select the type of facility your project will be improving

Select only 1

[Community Building-Community Center (e.g. VFW, YMCA, Etc.) ▾]

CHOOSE THE OPTION THAT LISTS "VFW"

*Please select the project activity that most closely matches the work you will be completing

Select up to 2 in order of importance; if the 2nd option doesn't apply then leave blank

USUALLY REMODELING/RENOVATING THOUGH OTHER OPTIONS WOULD APPLY. CHOOSE FROM THE DROP DOWN BOXES.

Renovating/Remodeling ▾

Weatherization/Increase Energy-Efficiency ▾

*Please tell us if this a short-term (1 month or less) volunteer **effort** or a longer term (longer than 1 month) volunteer **program** you are requesting funds for?

| | **IN MOST INSTANCES, THE POST SHOULD BE ABLE TO COMPLETE THE PROJECT WITHIN 1 MONTH SO TYPE IN "SHORT TERM." IF THE PROJECT WILL BE LONGER, TYPE IN "LONG TERM"**

Please describe how volunteers will be used to complete this project.

Limit to 200 words or less

| | **TO RECEIVE FUNDING YOU MUST UTILIZE VOLUNTEERS. THESE CAN BE POST MEMBERS AS WELL AS OTHER COMMUNITY MEMBERS. THIS GRANT DOES NOT PAY FOR A BUSINESS TO DO REPAIRS; THESE MUST BE DONE BY VOLUNTEERS. FOR EXAMPLE, YOU MIGHT SAY "TWO MEMBERS OF THE POST HAVE EXPERIENCE WITH PLUMBING AND ANOTHER PERSON IN THE COMMUNITY HAS VOLUNTEERED TO DO THE ELECTRICAL WORK"**

*Total number of community volunteers required to complete the project

Enter numbers only - no text or punctuation

| | **LIST AT LEAST 8 OR MORE VOLUNTEERS, ANY NUMBER LESS MIGHT SUGGEST YOU DO NOT HAVE ADEQUATE MANPOWER TO COMPLETE THE PROJECT.**

Although your project may impact more than one population group, please select the target population your project will <u>mostly</u> impact

You will have the opportunity to select an additional (secondary) population below

Veterans/ Military ▾

*Based upon the selection above, what is the total served by this project?

Please do not add text or symbols, only numbers

| | **LIST ALL INDIVIDUALS WHO WILL BE IMPACTED BY YOUR PROJECT NOT JUST YOUR VFW/LADIES AUXILIARY MEMBERS.**

* Please explain how this project serves the above selected population group?

Limit to 100 words or less

[text area]

Example: "From our Post building, our VFW members conduct a variety of outreach activities geared toward helping local troops, military families and veterans. This includes sending care packages overseas to troops in Afghanistan, collecting food and supplies for military families in need, transporting veterans to the local VA hospital, etc."
(VARY THIS A BIT TO INCLUDE ACTIVITIES THAT THE POST ACTUALLY DOES)

Please select the secondary population that your project will serve
Select one (different from above); if there is no secondary group then please leave blank

[General Population (no specific target population) ▼]

If your project primarily serves veterans, please answer the following questions:
(Please enter only numbers, and leave blank if N/A)
How many of your volunteers will be veterans?

[_____] **LIST THE TOTAL NUMBER OF PROJECT VOLUNTEERS WHO ARE VETERANS.**

What is the estimated number of veterans **DIRECTLY** benefiting from your project?

[_____] **LIST THE TOTAL NUMBER OF VETERANS THAT THE POST PROJECT WILL BENEFIT. THE LARGER THE NUMBER THE BETTER BUT BE FACTUAL.**

How many housing units/homes are expected to be rehabbed, refurbished, etc.?

[_____] **"0" THIS IS NOT APPLICABLE TO A POST BUILDING.**

How many transitional shelters for veterans will be repaired or improved by this project?

[_____] **"0" THIS IS NOT APPLICABLE TO A POST BUILDING.**

If your project supports transitional housing for veterans, how many beds will be impacted?

[_____] **"0" THIS IS NOT APPLICABLE TO A POST BUILDING.**

What is the estimated number of women veterans that will be **DIRECTLY** impacted by your project?

[_____] **LIST THE NUMER OF WOMEN VETS THAT YOUR POST HELPS EACH YEAR OR USES YOUR POST BUILDING. THE HIGHER THE FIGURE THE BETTER BUT BE FACTUAL.**

How many wheelchair ramps do you plan to build during your project?

[_____] **"0" UNLESS THE PROJECT IS FOR WHEELCHAIR RAMPS.**

How many VA Hospitals/Medical Centers will be **DIRECTLY** impacted by your project?

[_____] **MOST LIKELY YOUR POST IS NEAR AT LEAST ONE REGIONAL VA MED CENTER, SO NORMALLY YOU WOULD ENTER "1".**

How many Veteran Service Organizations will **DIRECTLY** benefit from your project?
Please only answer if the project will take place at a community facility & count only those organizations which meet in the facility regularly

[_____] **MOST LIKELY YOU WOULD ENTER "1" HERE AS YOU WOULD COUNT YOUR POST**

Please choose the type of veteran population your project will be serving:

[Homeless/Disabled/Elderly ▼] **CHOOSE ONE OF THE OPTIONS; THOUGH NOT "NONE OF THE ABOVE."**

＊ How did you learn about the Community Impact Grants Program?

Limit to 50 words or less

ANSWER WITH THE FOLLOWING STATEMENT: "OUR POST WAS NOTIFIED BY THE VFW FOUNDATION OF THIS GRANT OPPORTUNITY. MANY THANKS TO OUR GREAT FRIENDS AT THE HOME DEPOT FOR ALLOWING
＊ **US TO APPLY!"**

Have you previously received funding from either The Home Depot or The Home Depot Foundation? If yes, briefly tell us when, how much, and how was the grant used?

*Please note that if you have received a Community Impact Grant within the last 12 months you will be ineligible. Limit to 50 words or less

IF THE POST HAS PREVIOUSLY RECEIVED A HOME DEPOT GRANT EXPLAIN WHEN AND FOR WHAT CAUSE. FOR MOST POSTS THIS BOX WILL BE BLANK.

This grant program is 100% funded in The Home Depot (THD) gift cards. Please list the store number and location of your local The Home Depot you will be using to provide the material for your project. Click here to find the exact store number and location.

＊ Store Number

CLICK HERE TO FIND THE NUMBER OF THE CLOSEST HOME DEPOT STORE AND THEN ENTER THAT NUMBER IN THE SPACE.

＊ Store City

ENTER CITY OF STORE EXACTLY AS LISTED ON THE HOME DEPOT WEBSITE.

＊ Store State (2 letter abbreviation)
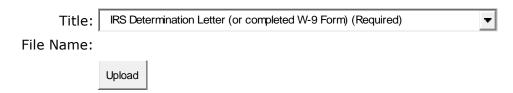
STATE

Attachments

We are only able to give to those organizations that provide proof of their charitable status with the IRS.

Instructions: Please attach your IRS Determination Letter on file with the IRS.

If you are a public school or tax-exempt public service agency, then please attach a completed W-9 form, signed by your CFO or equivalent finance person. A blank W-9 form can be found at http://www.irs.gov/pub/irs-pdf/fw9.pdf. **Note, please <u>do not attach your state tax exemption certificate</u> as this is not acceptable proof of your organization's charitable status.**

Upload

The maximum size for all attachments combined is 25 MB. Please note that files with certain extensions (such as "exe", "com", "vbs", or "bat") cannot be uploaded.

Title: | IRS Determination Letter (or completed W-9 Form) (Required) ▾ |

File Name:

[Upload]

AFTER UPLOADING THE POST'S IRS DETERMINATION LETTER REVIEW ALL INFORMATION CAREFULLY BEFORE SUBMITTING. ONCE YOU HAVE SUBMITTED THIS INFORMATION, YOU WILL NOT BE ABLE TO ALTER IT.

I WISH YOU AND YOUR POST THE BEST OF LUCK. IF YOU HAVE QUESTIONS, YOU CAN CALL ME DIRECTLY AT (816) 968-1124 AS I WILL DO EVERYTHING I CAN TO HELP.

-- RICHARD FREIBURGHOUSE, MANAGER, VFW FOUNDATION