

**MILITARY ORDER OF THE PURPLE HEART SERVICE FOUNDATION, INC.**

P.O. Box 49 • Annandale, Virginia 22003

Tel: 703-256-6139

**GRANT REQUEST FORM**

**Open Season for grant requests from Departments, Chapters and Units of the MOPH and the LAMOPH begins January 1<sup>st</sup> and ends April 1<sup>st</sup>. Grant requests received during open season will be reviewed at the Foundation Mid-Year Meeting in May. **This form is to be used by MOPH and LAMOPH only.****

(1) Amount Requested: \$ \_\_\_\_\_

(2) Grantee Name \_\_\_\_\_

(3) Person Responsible for the Administration of the Grant: \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

(4) Grantee Street Address \_\_\_\_\_

(5) Grantee City, State, Zip \_\_\_\_\_

(6) Grantee Federal EIN \_\_\_\_\_

(7) Grantee Tax Exempt Status \_\_\_\_\_

**Please supply a copy of your tax exemption letter with this Grant Request**

(8) Grantee Fiscal Year End \_\_\_\_\_

Day Mo. Year

(9) Date and State of incorporation or organization:  
\_\_\_\_\_  
\_\_\_\_\_

(10) We request the Grant for the following program: (Describe the use of the grant proceeds as it relates to the proposed program; if needed, attach additional information):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(11) We will use the grant for the following budget items: (Identify the uses of the grant funds and the amounts requested for each item. If needed, attach additional information.)

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(12) We expect to start and complete our program by:

Starting Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

(13) Financial information must be submitted with this Grant Request:

- a. Organization Budget
- b. Budget for requested grant funds
- c. Most recent Financial Audit
- d. Most recent IRS 990
- e. IRS Determination Letter

(14) MOPH Departments are required to obtain an endorsement for the grant request from their Region and the National Headquarters MOPH, USA, Inc. – must be included with grant request.

(15) MOPH Chapters LAMOPH Units are required to obtain an endorsement for the grant request from their Department and the Department must then obtain an endorsement from the Region and then National Headquarters, MOPH, USA, Inc. – must be included with grant request.

(16) Conflict of interest policy: (Answer yes or no)

- a. Do you have a conflict of interest policy? \_\_\_\_\_.
- b. Does your policy require that individuals who directly or indirectly administer grant funds disclose any actual or potential conflicts of interest pertaining to the use of these funds? \_\_\_\_\_.
- c. When was your policy adopted? \_\_\_\_/\_\_\_\_/\_\_\_\_.
- d. is your policy currently in effect? \_\_\_\_\_.

If your conflict of interest policy is changed or amended during the term of the administration of the granted funds, you will be required to provide a copy of the revised policy to the Foundation. The grant funding is conditioned upon the maintenance and enforcement of your conflict of interest policy. **Please supply a copy of the conflict of interest policy with this Grant Request.**

(17) List all current directors and officers of your organization and their address and telephone numbers.

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Name, Address, Telephone

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Name, Address, Telephone

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Name, Address, Telephone

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Attach and additional sheet if needed.

(18) Additional Information: (attach extra response sheets where necessary)

- a. Have you received a grant from The Military Order of the Purple Heart Service Foundation, Inc.? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, indicate the date of the grant, the amount and purpose for which it was used.
- b. Is the proposed grant based on matching funds? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach the terms and conditions of the associated matching grant.
- c. Have you submitted a grant request for the same project to any other sources and if so, have you received grant funding for this project? Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Is any person or firm receiving any compensation that is associated directly or indirectly in obtaining this grant on your behalf? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, identify the person or firm receiving the compensation and the terms and conditions associated with the same.
- e. Is this grant request part of a goal/campaign? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, identify the amount of money required to meet this goal/campaign and what plans you have to return granted funds should you fail to meet the goal/campaign.
- f. Indicate what percentage of the funds requested is being used for administrative purposes and/or fundraising costs.

Administrative costs \_\_\_\_\_%

Fundraising costs \_\_\_\_\_%

We, the representatives of \_\_\_\_\_ (Grantee) represent and certify that all information provided herein is true and correct to the best of our knowledge, information and belief. We further acknowledge that the Military Order of the Purple Heart Service Foundation is relying on the information provided and that we may be required to provide such other and further documentation as may be required on an on-going basis to supplement the information provided for herein. In addition, the undersigned hereby authorizes the Military Order of the Purple Heart Service Foundation, Inc. to identify the Grantee, if approved as a grant recipient, and provide information to the public and any regulatory agencies concerning the grant and the information provided for herein. Please be advised the Military Order of the Purple Heart Service Foundation, Inc. reserves the right to not fund this grant, in whole or in part, at our sole and absolute discretion to include our determination of our financial condition during the term of the grant. The Grantee further acknowledges that it will not rely upon any representation made by any person or persons on behalf of the Grantor except that which is signed in writing by the Executive Director of the Grantor and countersigned by the President.

Submitted on behalf of \_\_\_\_\_ (Grantee) this \_\_\_ day of \_\_\_\_\_, 20 \_\_.

\_\_\_\_\_  
Signature

**Contact Phone Number** \_\_\_\_\_

\_\_\_\_\_  
Typed or Printed Name and Title

Date received by the Military Order of the Purple Heart Service Foundation, Inc. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date approved by the Military Order of the Purple Heart Service Foundation, Inc. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

MOPH Service Foundation, Inc. Date: \_\_\_\_\_

# **MOPH Service Foundation Grant Policy**

**for  
MOPH Chapters - MOPH Departments – MOPH Regions  
and  
LAMOPH Units - LAMOPH Departments – LAMOPH Regions**

Grants to Departments, Chapters and Units of the MOPH and LAMOPH will be considered once a year at the Foundation’s May mid-year meeting. The open season for these type of grants will begin on January 1 and end on April 1; grants submitted after this open season will not be considered until the next cycle.

Grant Request Forms are available on the website of the Military Order of the Purple Heart of the USA, Inc. and may also be requested from the Service Foundation.

Grant requests from these organizations must be submitted through the chain of command to the MOPH and LAMOPH leadership and staffs for review. Grant requests must have a concurrence from the national organization before they will be considered by the Foundation’s Board of Directors.

The chain of command is as follows:

Chapter/Unit ➡ Department ➡ Region ➡ National ➡ Foundation

The Service Foundation is giving priority to grants for TBI and PTS issues, however, consideration will be given to other grants.

The grant process serves all veterans, their families and the communities in which they work and serve to the extent that they support non-political programs that enhance the lives of wounded and disabled veterans and their families. Additionally, we support programs that further the education and history of the Purple Heart Medal and those recipients of the Purple Heart and those educational programs that further the education of our Constitution and form of government.