

# GUIDANCE ON APPLYING FOR MOPH SERVICE FOUNDATION FINANCIAL GRANTS

## General

MOPH Service Foundation (MSF) offers two types of financial grants: one designed to provide assistance to individuals and one that provides funding for a project or program. Requests for either grant must be originated by a Chapter to ensure the grant is responsive to real needs.

## Individual Grants

Grants for individuals come under the MOPHSF Charitable Service Trust and can only be requested online. Go to [www.mophsf.org](http://www.mophsf.org): rest cursor on “Programs” and slide down and click on “Grant Programs.” Click on “Personal Hardship Grants” to open up “Online Grant Request Form.” Complete form and submit. Be advised that the deadlines listed are no longer applicable and requests can be submitted whenever necessary.

Chapter action officers helping a veteran complete this form should validate the need with tact and care, ensuring each request is appropriate. Since the Foundation’s response will be direct to the requestor, you may want to follow-up in two or three weeks to determine the outcome of the request.

## Grants for a Project or Program

Applying for a project or program grant will require some homework before you submit the request. Most of the form is self-explanatory, but here’s some guidance for paragraph 11 (Details on the proposed project) and paragraph 12 (Budget). See enclosure (1) for the **Grant Request Form**.

- **Details (Para 11):** Here’s a basic outline:
- **Summary** – brief, clear, and informative. Stay focused!
- **Needs Assessment** that addresses your goals and objective – support this information with relevant data. Do some research.
- **Objectives** – These are outcomes that define your activities – tell who, what, when, and how. Make sure you can assess the objectives.
- **Activities** - Include justification and make sure they’re clear. Tell why these activities will help you accomplish your goals.
- **Evaluation** – Tell how you will measure success of the project.
- **Budget (Para 12).** This is an estimate of the cost of the project. Just break down the costs and total them. Do not list vague categories like miscellaneous. Be sure to include in-kind contributions, shared expenses, or any other funding. You may want to include a blurb on **Future Funding** if the project will be continued. Be as specific as possible.

Just write from the heart – don't worry about word-smithing and making things pretty – just state the above. Of course, Headquarters stands ready to help you in preparation of your request, but we have confidence that you can successfully prepare them on your own with the help of your Department.

**Submission.** DO NOT SUBMIT PROJECT/PROGRAM GRANT REQUESTS DIRECTLY TO THE SERVICE FOUNDATION. Each request must be submitted via your Department and Region Commanders to the National Adjutant for approval and transmittal to the Service Foundation. Direct submissions will not be processed.

**Enclosure (1) to Appendix M**

**Military Order of the Purple Heart Service Foundation, Inc.**

**PROJECT/PROGRAM GRANT REQUEST FORM**

**GRANT REQUEST**

**PLEASE USE THIS FORM – OTHER FORMS ARE NOT ACCEPTABLE.**

Please do not alter this form. If additional space is needed, please attach another sheet of paper and indicate which item you are answering.

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

P. O. Box 49, Annandale, Virginia 22003

Tel: 703-246-6139 Fax: 703-256-6142 Email: [PHSF@purpleheartfoundation.org](mailto:PHSF@purpleheartfoundation.org)

(1) Grant Control Number \_\_\_\_\_

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

(3) Grantee Name \_\_\_\_\_

(4) Person Responsible for the Administration of the Grant:

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

(5) Grantee Street Address: \_\_\_\_\_

(6) Grantee City, State, ZIP \_\_\_\_\_

(7) Grantee Federal EIN \_\_\_\_\_

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

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

(9) Grantee Fiscal Year End; Day \_\_\_\_ Mo. \_\_\_\_ Year \_\_\_\_

(10) Date and State of incorporation or organization:

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

(11) 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):

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- (12) 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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- (13) We expect to start and complete our program by:  
Start Date: \_\_\_\_\_ Complete Date: \_\_\_\_\_

- (14) Financial information submitted with this Grant Request:
- a. Compiled Financial Statements: Yes\_\_\_\_ No\_\_\_\_
  - b. Reviewed Financial Statements : Yes \_\_\_\_ No\_\_\_\_
  - c. Audited Financial Statements: Yes\_\_\_\_ No\_\_\_\_

**Please supply a copy of your most recent financial statements with this Grant Request**

- (15) Conflict of interest policy: (Answer yes or no)
- a. Do you have a conflict of interest policy? \_\_\_\_\_
  - b. Does your policy require the 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.**

(16) 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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Name, Address, Telephone

(17) Additional Information: (Attach extra sheets where necessary)

- a. Have you received a grant from The Military Order of the Purple Heart Service Foundation, Inc.? Yes \_\_\_\_ No \_\_\_\_ If yes, please indicate the date of the grant, the amount and the purpose for which it was used.
- b. Is the proposed grant based on matching funds? Yes \_\_\_\_ No \_\_\_\_ If yes, please 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 grant funds should? Yes \_\_\_\_ No \_\_\_\_ If yes, identify the amount of money required to meet this goal/campaign and what plans you have to return grant funds should you fail to meet the goal/campaign.
- f. Indicate what percentage of the funds requested are 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 Grantee 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\_\_\_\_.

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

Signature

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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.

\_\_\_\_/\_\_\_\_/\_\_\_\_

By:

Executive Director  
Military Order of the Purple  
Heart Service Foundation, Inc.

By:

President  
Military Order of the Purple  
Heart Service Foundation, Inc.

Comments: \_\_\_\_\_

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