

**APPLICATION FOR ROUND 2  
VETERANS' NONPROFIT CAPITAL PROGRAM (VNCP)**

PLEASE REFER TO THE ROUND 2 REQUEST FOR GRANT APPLICATIONS (Round 2 RGA) AND INCLUDE ANY ADDITIONAL PAGES AS NECESSARY TO FULLY RESPOND TO EACH QUESTION IN THIS APPLICATION AS WELL AS IN SECTION 7 OF THE ROUND 2 RGA

**SECTION 1: GENERAL INFORMATION**

**A. Applicant Organization**

Legal Name (and d/b/a if applicable): \_\_\_\_\_

Mailing Address (not P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Federal Taxpayer ID: \_\_\_\_\_

NYS Charities Registration # (if applicable): \_\_\_\_\_

NYS Grants Reform Gateway Document Vault # (**document vault must be prequalified**): \_\_\_\_\_

a) Total **number** of dues paying members of the organization (see example in the Round 2 RGA):

	# 2023	# 2022	# 2021	# 2020	# 2019
New Dues Paying Members					
Returning Dues Paying Members					
<b>Total Dues Paying Members</b>					

b) Of the total **number** of 2023 dues paying members of the organization (see example in the Round 2 RGA):

State the number of dues paying members who are Active or former Members of the Armed Forces of the United States?	
State the number of dues paying members who are cadets in the Armed Forces of the United States?	
State the number of dues paying members who are spouses, widows, widowers, ancestors or lineal descendants of past or present Members of the Armed Forces of the United States or of Cadets?	
State the number of other dues paying members who do not qualify under another category.	
<b>Total</b> (must equal the 2023 Total Dues Paying Members in "a" above)	

c) **Percent** of 2023 dues paying members (on average) actively participate in events or meetings: \_\_\_\_\_ %

**Primary Contact(s)**

Name(s): \_\_\_\_\_

Title(s): \_\_\_\_\_

Phone#(s): \_\_\_\_\_ Alt Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

**B. Project Information:**

\_\_\_\_\_ New Facility      \_\_\_\_\_ Existing Facility

Attach a detailed description of the specific capital project that would be undertaken and funded pursuant to this Round 2 RGA. Use as many additional pages and/or supporting documents as needed to fully describe the project. Please refer to Section 7 of the Round 2 RGA for criteria to be provided in the narrative.

**Project Location:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

**Anticipated Project Start Date:** \_\_\_\_\_ **Anticipated Project Completion Date:** \_\_\_\_\_

**The Project to be funded may not commence prior to April 1, 2024 and must be completed by no later than April 1, 2027. Applicants are encouraged not to start the project until such time there is a Grant Disbursement Agreement (GDA) in place for the award.**

Requested Round 2 VNCP funding between \$25,000 and \$75,000: \_\_\_\_\_

**TOTAL CONSTRUCTION PROJECT BUDGET**

Complete the “Total Construction Project Budget” below, indicating all sources and uses of funds, including the proposed Round 2 VNCP Grant funds as well as Applicant and other sources of funds, if applicable (see Round 2 RGA for example).

- *The Applicant must provide at least one current estimate from a qualified professional for the for the work to be undertaken with grant funds.*
- *Applicants must demonstrate the ability to provide the remainder of the funds necessary to complete the Project if the total Project budget exceeds the VNCP award.*
- *No additional funds will be granted from the VNCP for cost overruns or additional project enhancements.*

Tasks (Attach additional pages if necessary)	Total Amount Per Task	Sources of Funds Breakout			
		VNCP Grant	Applicant	*Committed Funding Sources	**Funding still to be arranged
<b>Total</b>					

\* Specify committed amount in this column and attach award letters to the Application.  
 \*\* Provide the amount in this column and provide a description of what other funding sources are being pursued.

Does the Applicant Organization own the site where the project will be located?  No  Yes  
 If **No**, please attach a separate sheet describing the control the Applicant Organization has over the Project location. Please include supporting documentation. (see FAQs for additional information)  
 If **Yes**, please provide a copy of the deed.

Does the Applicant Organization plan to occupy 100% of the project facility?  No  Yes  
 If **No**, attach an explanation for the planned occupancy.

**It is understood and agreed by the Applicant that: (1) This Request for Grant Applications does not commit the Dormitory Authority of the State of New York (DASNY), on behalf of the New York State Department of Veterans' services (DVS), to enter into a Grant Disbursement Agreement (GDA), to pay the costs incurred in the preparation of a response to this Round 2 RGA, or to disburse any funds. (2) DASNY, on behalf of DVS, reserves the right to amend, modify or withdraw this Round 2 RGA, to request additional information from the Applicant, and to reject any Application submitted, and may exercise such rights at any time and without notice or liability to any Applicant or other parties for their expenses incurred in the preparation of an Application or otherwise. Applications will be prepared at the sole cost and expense of the Applicant. (3) DASNY, on behalf of DVS, reserves the right to accept or reject any or all Applications that do not completely conform to the instructions given in the Round 2 RGA. (4) Submission of an application will be deemed to be the consent of the Applicant to any inquiry made by DASNY, on behalf of DVS, or of third parties with regard to the Applicant's experience or other matters relevant to the Application.**

**The Signature below of the Applicant's Authorized Officer certifies that to the best of their knowledge and belief the information in this application is true and correct, and that they will comply with the above agreement if the grant is received.**

**Please sign this document by either signing pen to paper OR by typing your full name into signature line below as indicated and submit all necessary documents, including this Application to [vnep@dasny.org](mailto:vnep@dasny.org). By providing electronic signature(s), the Grantee's authorized officer will be providing validly binding legal documents, just the same as a pen-and-paper signature.**

\_\_\_\_\_  
 Signature of Authorized Officer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Print Title