## **Attachment One – Certification and Authorization**

Grantee's Chief Executive Officer authorizes this VDF Contract Amendment Request? Yes No

An officer of Grantee's governing body (such as a board member) must sign this VDF Grant Contract Amendment Request.

The undersigned, an authorized officer of the Grantee organization, does hereby certify that the information set forth in this VDF grant proposal is true and correct; that the federal tax exemption determination is valid and the present operation of the grantee organization and its current sources of support are not inconsistent with the Grantee organization's continuing tax exempt classification. Furthermore, monies provided under this VDF grant will be used only for the proposed purpose. Misuse of monies or failure to provide the required reporting documentation is, including but not limited to, cause for denial of any future grant request or proposal to ADVS.

Name (Print)	Title or Position
Organization Name	

Signature

Date

## Acceptance of Proposal and VDF Grant Contract Amendment Request (For ADVS Use Only)

1. By this notice, you, the grantee, are notified of the Department's decision to either approve or decline, your written VDF Grant Contract Amendment Request to revise your Scope of Work and/or expenditures for initial VDF Grant received, accepted, reviewed and considered by the Department.

The Department accepts and approves your VDF Grant Contract Amendment:

OR

The Department does not accept your VDF Grant Contract Amendment. If you are unable to carry out your objectives under your current Scope of Work any remaining VDF Grant monies must be returned to the Department:

2. If your proposal is accepted as described above, you are now bound to perform as Grantee based upon the VDF Grant as granted above.

You are hereby cautioned not to commence any work or provide any material or service under this VDF Grant until you receive a VDF Grant release document, or written notice to proceed, if applicable, from the VDF Program Manager.

Awarded this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

ADVS Assistant Deputy Director

## Attachment Two – VDF Grantee's Organization Information

1.	Veterans Service Organization (VSO) Charter	
	Grantee is a VSO? Yes No If yes, c	chartered by:
		(Chartering state or national VSO)
•	Grantee's Form of Organization	
	Grantee's Business Name:	organization designation, e.g.: Sole Proprietor / Co. / Inc. / LTD / LLC / Partnership,
	Street/Mailing Address:	
	City:	ZIP:
	Phone:	Fax:
		Website:
	Email:	
		Date Incorporated/Organized:
<b>.</b>	State of Incorporation/Organization:	Date Incorporated/Organized:
	State of Incorporation/Organization:	Date Incorporated/Organized:
	State of Incorporation/Organization: Grantee is in good standing with its state of incorpora Grantee's Operations Chief Staff Officer:	Date Incorporated/Organized:
	State of Incorporation/Organization:         Grantee is in good standing with its state of incorpora         Grantee's Operations         Chief Staff Officer:         Contact Person:	Date Incorporated/Organized: ration or organization? Yes □ No □Title:
	State of Incorporation/Organization:         Grantee is in good standing with its state of incorpora         Grantee's Operations         Chief Staff Officer:         Contact Person:	Date Incorporated/Organized: ration or organization? Yes  No Title:Title:Title:Phone:
	State of Incorporation/Organization:         Grantee is in good standing with its state of incorporations         Grantee's Operations         Chief Staff Officer:         Contact Person:         Contact Person's Email:         Grantee's fiscal year:	Date Incorporated/Organized: ration or organization? Yes  No Title:Title:Title:Phone:
-	State of Incorporation/Organization:         Grantee is in good standing with its state of incorporations         Grantee's Operations         Chief Staff Officer:         Contact Person:         Contact Person's Email:         Grantee's fiscal year:         From Mo/Day         Total Operating Budget:	Date Incorporated/Organized: ration or organization? Yes  No Title:Title:Title:Phone:To Mo/Day
-	State of Incorporation/Organization:         Grantee is in good standing with its state of incorporations         Grantee's Operations         Chief Staff Officer:         Contact Person:         Contact Person's Email:         Grantee's fiscal year:         From Mo/Day         Total Operating Budget:	Date Incorporated/Organized: ration or organization? Yes   No

Yes No If Yes, when? \_\_\_\_\_

## Attachment Three – Amended Statement of Service and Budget – Event, Project or Program

1. Provide a brief description of Statement of Service provided for initial grant award.

2. Provide a detailed description of the amended Statement of Service including an explanation of why the change is needed.

3. Provide a revised line item budget and budget narrative reflecting the change of expenditures per your amended Statement of Service, if applicable.