

**Attachment One - Certification and Authorization- Contract Amendment**

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 \_\_\_\_\_, 2021.

\_\_\_\_\_  
ADVS Director (or designee)

## Attachment Two – VDF Grantee's Organization Information

### 1. Veterans Service Organization (VSO) Charter

Grantee is a VSO?    Yes  No     If yes, chartered by: \_\_\_\_\_  
(Chartering state or national VSO)

### 2. Grantee's Form of Organization

**Grantee's Business Name:** \_\_\_\_\_  
**Include:** VSO post or chapter number and/or, if any, other organization designation, e.g.: Sole Proprietor / Co. / Inc. / LTD / LLC / Partnership, etc.

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**State of Incorporation/Organization:** \_\_\_\_\_ **Date Incorporated/Organized:** \_\_\_\_\_

Grantee is in good standing with its state of incorporation or organization?    Yes  No

### 3. Grantee's Operations

**Chief Staff Officer:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Contact Person's Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grantee's fiscal year:** \_\_\_\_\_ **From Mo/Day** \_\_\_\_\_ **To Mo/Day** \_\_\_\_\_

**Total Operating Budget:** \_\_\_\_\_ **Past Year** \_\_\_\_\_ **Current Year** \_\_\_\_\_

**Grantee's Staff:**    Paid FT \_\_\_\_\_ Paid PT \_\_\_\_\_ Volunteers \_\_\_\_\_ Other \_\_\_\_\_ **Total Employees** \_\_\_\_\_

**Grantee's EIN\*:** \_\_\_\_\_ **Federal Tax Exempt Status? Yes**  **No**

\*Federal Employer Tax Identification Number

If no, explain why not on attachment.

Has Grantee's governing board approved a policy, which states that the organization does not discriminate as to age, race, religion, disability, sexual orientation, sex or national origin?

Yes  No     If Yes, when? \_\_\_\_\_

