



Wisconsin VFW Foundation Inc.- Grant Application
Renee Simpson - Foundation Secretary
PO Box 242, Camp Douglas, WI 54618
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Wisconsin VFW Foundation Inc. 2026 Grant Narrative

Applications are due to the Foundation Secretary by May 15, 2026 by either email or regular mail at the address above. Confirmation of received application will be sent by email. Grant applications will be evaluated at the annual June VFW State Convention. Award results will be publicized in the VFW State Newspaper and grant applicants. Grants are awarded based on ability to support the charitable and exempt purposes of the VFW - Department of Wisconsin. This grant application is for the Wisconsin Foundation Inc. only.

Proposal Outline:

Use this outline to present your request clearly and concisely

Project Narrative:

Do not exceed one page. Identify the problem or need to be addressed. Define the scope and significance of the problem or need. Document the size and characteristics of the population to be served. Describe other agencies that will be involved and their contributions to the project. Describe how this project will initiate or complement youth, community or Veterans services.

Project Goals or Outcome:

Describe the outcome desired and how the project will be measured.

Project Strategy:

Identify other sources of income for the project. Describe the initial sources of income and future financial support of this project.

Project Budget:

Present a line-item budget including project expenses and income sources.

Submit the following items: Complete list of organization officers and directors. Organization actual income or expense for the current fiscal year. Copy of the organizations 990 for the most recent year. Copy of the IRS 501c3 determination letter.

Incomplete applications will not be considered.



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Date Submitted: _____

Organization Submitting:

Name: _____

Address: _____

Point of Contact:

Name: _____

Address: _____

Phone:

E-Mail:

Federal ID: _____

Is organization a 501c3: (circle one) YES / NO

If not a 501c3, what is non profit status: _____

Organizational Information:

Fiscal Year: _____

Number of employees: _____

Number of volunteers:

Reserve Funds: _____

Amount Requested: _____

Name of Applicant: (Printed) _____

Signature of Applicant: _____