

**INSTRUCTIONS FOR COMPLETING  
THE COLORADO TRUST  
DAV NATIONAL TRANSPORTATION NETWORK VAN PROGRAM APPLICATION**

*Prior to filling out the DAV National Transportation Network Van Application, you must complete the national Transportation Network Van Program Summary of Operations. (Yellow Paper)*

**PART A**

- If you are applying on behalf of a Chapter, fill in the Chapter's name, Department, mailing address, telephone and fax numbers and e-mail address. If you are submitting the application on behalf of a Department, fill in the mailing address, telephone, fax number, and e-mail.
- Enter the date the application is completed.
- To determine the amount of the grant requested, multiply \$22,171.96 by the total number of **Taurus X Front Wheel Drive 7 passenger** vans requested, multiply \$22,298.29 by the total number of **E350 Super Duty 12-passenger** vans requested, and multiply \$22,781.96 by the total number of **Taurus X All Wheel Drive** vans requested. Add the three numbers and from that sub-total amount subtract the total Proposed Share Amounts from all sources as indicated in the last column in **Part C**.

Worksheet:	\$22,171.96 x (# of 7-passenger Taurus X Front Wheel Drive vans) =	\$ 52,000.00
	\$22,298.29 x (# of 12-passenger E350 Super Duty vans) =	\$
	\$22,781.96 x (# of Taurus X All Wheel Drive vans) =	\$ 27,000.00
	SUB-TOTAL =	\$
	Subtract the Total Proposed Share Amounts =	\$
	<b>TOTAL AMOUNT OF GRANT REQUESTED =</b>	<b>\$ 79000.00</b>

Provide the name and telephone number of a contact person in the event additional information is required.

**PART B**

Check the box verifying the van(s) will be donated to a VAMC(s) in accordance with the DAV National Transportation Network Van Program and confirming that the VAMC Director(s) agree to accept the van(s).

**PART C**

*Please make photocopies of PART C for use as rough drafts or attachments in the event additional pages are needed. Please note:*

<b>2008 MINIMUM SHARE AMOUNTS ARE:</b>
<b>\$13,000 for each Taurus X 7-passenger Front Wheel Drive van</b>
<b>\$13,000 for each E350 Super Duty 12-passenger van</b>
<b>\$13,500 for each Taurus X All Wheel Drive van</b>

- **Review the attached example page, Part C (blue paper).** Although all situations cannot be portrayed, most combinations have been illustrated. If requesting more than one van, keep in mind that in most cases one line must be completed for each van requested. If requesting more than 4 vans, additional photocopies of *Part C* will be necessary.
- Under the appropriate type (7 passenger or 12 passenger or All Wheel Drive), write in the number of van(s) requested for use at a specific VAMC.
- In the next column, fill in the city and state of the VAMC that will accept the van(s). Indicate the actual location of the VAMC.
- Circle "YES" if the van(s) will be parked (*stationed*) at the VAMC. If the van(s) will be assigned to a location other than VAMC, circle "NO" and write in the location where the van(s) will be parked (*out-stationed*).

**THE COLORADO TRUST  
DAV NATIONAL TRANSPORTATION NETWORK APPLICATION**

**DISABLED AMERICAN VETERANS NATIONAL SERVICE FOUNDATION  
Administrators of The Colorado Trust**

**PLEASE READ THE ATTACHED INFORMATION BEFORE COMPLETING.**

*Please Type or Print Legibly*

**PART A** The following Chapter and/or Department hereby applies for a van(s) to carry out the National Transportation Network Van Program in its local region:

CHAPTER NAME:

DEPARTMENT:

ADDRESS:

CITY:  STATE:  ZIP CODE:

PHONE:  FAX:  E-MAIL:

DATE:

**TOTAL AMOUNT OF VAN GRANT REQUESTED:**

\$

Please list contact person for additional information or questions regarding this application:

NAME:  PHONE:

**PART B**

The van(s) requested will be donated to a VA Medical Center to be used in the DAV National Transportation Network. The VAMC Director agrees to accept the van(s).

**YES**

**NO**

**Proceed to PART C, located on the following page. Please read the 2008 DAV National Transportation Network Van Information and review the attached sample before completing PART C. It is highly recommended that you make photocopies of PART C, to use as rough drafts and additional pages as needed.**

**PART D**

**Certification**

**Grant applications MUST BE CERTIFIED by ALL CHAPTERS involved, the DEPARTMENT and the NSO SUPERVISOR before submitting. Incomplete applications will be returned.**

The undersigned, on behalf of the Chapter(s) and/or Department, certifies the information provided herein and agrees to the concept and terms of applying for and accepting grants from The Colorado Trust.

It is further understood that the financial condition of the Chapter(s) and/or Department is a major controlling factor in the assessment of the Gant Application, including, in the case of Chapter, the financial condition of its Department, and the ability of the Department to finance, or contribute to the funding of the project.

In addition, the undersigned recognizes that in the event of the grant of all or a part of the request, neither the DAV National Service Foundation and its Colorado Trust Advisory Committee, the DAV National Organization, nor any officer or employee of the forgoing shall be come a party to, or responsible for any contractual arrangement, verbal or written, arising from such grant.

The undersigned agree on behalf of the Chapter(s) or Department to execute accountability reports as may be required by The Colorado Trust.

*Chapter #      Signature Chapter Commander      Date      Signature - Department Commander      Date*

*Signature Chapter Adjutant      Date      Signature - Department Adjutant      Date*

**Upon certification by above parties, the NSO Supervisor having jurisdiction in the area must review the grant application and certify below:**

I,  Supervisor of the  National

**Service Office have reviewed the grant proposal.**

*Signature - NSO Supervisor      Date*

**PART E**

**Please note, mandatory item needed to process the grant application:**  
**Current ANNUAL FINANCIAL REPORT(S) must be on file at DAV National Headquarters in accordance with Articals 8 and 9 of the National Bylaws or attached if not required under provisions of the National Bylaws.**

**Mail Application with Attachments to:**  
The Colorado Trust  
DAV National Service Foundation  
3725 Alexandria Pike  
Cold Spring, KY 41076  
Attn: Nancy O'Brien, Administrator  
859-442-2055 (phone) 859-442-2088 (fax)