

VETERANS MEMORIAL & MONUMENT GRANT APPLICATION

Contact Information – *(add additional sheets if necessary)*

Full Legal Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Website: _____ Email: _____

501(c)(3): Yes No Year Established: _____

Has this organization been awarded a previous grant from this fund? Y N

If applicable, date(s) of previous grant: _____

Primary Contact *(person responsible for the administration of the grant money and accomplishment of the work plan)*

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone #1 _____

Phone #2 _____

Email: _____

Alternate Contact

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone #1 _____

Phone #2 _____

Email: _____

Additional Facts & Data: _____

Primary Contact Signature: _____ Date: _____
Printed Name: _____

Alternate Contact Signature: _____ Date: _____
Printed Name: _____

**APPLICATIONS MUST BE RECEIVED BY THE OFFICE OF VETERANS AFFAIRS AT THE
ADDRESS BELOW BY 4:00 P.M., JULY 1 OF CURRENT YEAR TO BE CONSIDERED FOR
AN AWARD**

Print, Sign, & Mail or Fax to:

**Office of Veterans Affairs
4600 Debarr Road, Suite 180
Anchorage, AK 99508
ATTN: Veterans Memorial & Monument Grant
Fax: 907.334.0869**

Questions? Call 907.334.0874