



APPLICATION FOR GRANT

Fund for the Support of New Jersey Nonprofit Veterans Organizations
P.L. 2015, CHAPTER 26 (Assembly No. 2313)

Name of Organization: _____

Address of Organization: _____

(City)

(Zip Code)

Name of Organization Contact Person: _____

Address of Organization Contact Person: _____

(City)

(Zip Code)

Contact Phone Number: _____

Contact E-mail Address: _____

____ Provide copy of IRS nonprofit status

____ Organization Mission Statement

____ Organization Statement of Need:
(Maximum amount may not exceed \$1,000.00).

Please return application and contact information forms to:

New Jersey Department of Military and Veterans Affairs
Attn: DVS – Veterans Benefits Bureau
101 Eggerts Crossing Road – PO Box 340
Trenton, New Jersey 08625-0340
or
Patty.Richter@dmava.nj.gov