



Dear Veterans Service Organizations,

Under the provisions of Wisconsin Statute § 45.41, the Wisconsin Department of Veterans Affairs (Department) is accepting applications from state veterans service organizations for the Veterans Service Organization (VSO) Grant.

The provisions of this law require the Department to make each grant payment to an eligible VSO in an amount equal to 50 percent of all salaries and travel expenses during the previous fiscal year for those employees engaged in veterans' claim service at the VA Regional Office (VARO) or \$175,000 whichever is less. If the sum of payments payable to eligible VSOs should exceed the amount of funds appropriated, the Department must prorate the funds among the VSOs receiving payment.

Enclosed, please find the VSO Grant application packet which includes three documents comprising the application packet. The VSO Grant application packet is also available online at [http://dva.state.wi.us/Documents/newsMediaDocuments/WDVA%20Toolkit/WDVA\\_0057\\_Veteran\\_Service\\_Organization\\_Grant\\_Packet.docx](http://dva.state.wi.us/Documents/newsMediaDocuments/WDVA%20Toolkit/WDVA_0057_Veteran_Service_Organization_Grant_Packet.docx).

Completed applications must be received by the Department or postmarked no later than **May 02, 2022**.

The Application must bear the VSO's name inserted in the appropriate places, and signatures of the appropriate VSO official and the State Service Officer.

Application materials can be scanned and emailed to [VetsBenefitsGrants@dva.wisconsin.gov](mailto:VetsBenefitsGrants@dva.wisconsin.gov) (preferred). Please use "**2022 VSO Grant**" in the subject line. Applications may also be mailed to the Department address listed on the application or faxed to: (608) 264-0403. Indicate in the transmittal envelope or cover sheet that it is the 2022 VSO Grant.

If you have questions regarding the VSO Grant, please call 1-800-WIS-VETS (947-8387) and ask to speak with Chad McCafferty or submit an email to [VetsBenefitsGrants@dva.wisconsin.gov](mailto:VetsBenefitsGrants@dva.wisconsin.gov).

Sincerely,

Donald Placidi Jr.  
Division Administrator

Enclosures

1. Application for Veterans Service Organization Grant (WDVA 0057B)
2. Veterans Service Organization Grant – Federal Benefits Report (WDVA 0057D)

## APPLICATION FOR VETERANS SERVICE ORGANIZATION GRANT

The information requested on this form is authorized for collection by Ch. 45, Wis. Stats., and VA 7, Wis. Admin. Code. The information collected is used to determine eligibility for programs administered by the Department. Completion of this form is voluntary; however, failure to furnish the requested information may result in denial of eligibility for programs. Personally identifiable information collected on this form is not likely to be used for any other purpose.

The Department does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or provision of services.

Pursuant to Wisconsin Statute § 45.41, the \_\_\_\_\_ (VSO) hereby applies for a State Veterans Organization Grant for Fiscal Year beginning April 1, 2021, and ending March 31, 2022, for the purpose of having provided services and representation to former military personnel, their dependents and survivors in relation to claims for any benefits available from the federal government where such claims have risen out of or by reason of service in the United States Armed Forces.

In accordance with Wisconsin Statute, § 45.41, and/or Chapter VA 7, Wisconsin Administrative Code, an application shall provide evidence of eligibility and the following exhibits, which are included with this application:

1. A statement of salaries and travel expenses paid to employees working in the VA Regional Office, covering the period, April 1, 2021 to March 31, 2022. The statement shall be certified as correct by a Certified Public Accountant licensed or certified under Wisconsin Statute Chapter 442 and sworn to as correct by the adjutant or principal officer of the State Veterans Organization.
2. A financial statement for your service organization for the previous fiscal year.
3. If this is your organization's initial application for this grant, evidence to establish that it or its national organization, or both, has maintained a full-time service office at the VA Regional Office for 5 consecutive years out of the last 10 years.
4. If this is not your organization's initial application, an affidavit by the adjutant or principal officer of your service organization stating that a full-time service office was maintained at the VA Regional Office for the entire period of April 1, 2021 to March 31, 2022.
5. Evidence of claims service during the time-period of April 1, 2021 through March 31, 2022. Documentation of this evidence of claims service shall be provided by completing an Annual Report for Federal Benefits using the WDVA VSO Grant-Federal Benefits Report form provided with this letter.

Consistent with Wis. Admin. Code VA § 7.05, the Department retains the right to request additional information to determine the VSO's eligibility for the grant. By submitting this application, the below signators designate each has the authority to sign on behalf of the applicant and has the authority to accept funds on behalf of the applicant and agrees to the below Terms and Conditions.

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State Service Officer

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Commander, Adjutant, or other official designated to sign for the VSO

**TERMS AND CONDITIONS**  
**APPLICATION FOR VETERANS SERVICE ORGANIZATION GRANT**

1. The contents of this application will become contractual obligations if the applicant is awarded a grant.
2. By submitting this application, the applicant certifies to the best of their knowledge and belief, the information submitted is true and correct. The applicant understands that if funds are awarded, in addition to any other legal remedies, the funds awarded may be recouped at any time if it is later determined that any information submitted as part of this application was inaccurate or false.
3. The applicant understands that all application materials must be submitted at the same time as the application. An applicant that does not submit all requested exhibits will be considered to have submitted an incomplete application, and the application will not be evaluated to determine if the applicant satisfies the requirements of Wisconsin Statute, § 45.41, and/or Chapter VA 7, Wisconsin Administrative Code, to be eligible for the grant.
4. The applicant understands and acknowledges that the Department may make a grant payment to an eligible applicant in an amount equal to 50 percent of all salaries and travel expenses during the previous fiscal year for those employees of the applicant engaged in veterans' claim service at the VA Regional Office, or \$175,000, whichever is less. If the total amount of payments committed to be paid to all eligible applicants, exceeds the amount available for the payments from the appropriation for this grant under s. 20.485(2)(vw), Stats., the Department shall prorate the funds among the applicants receiving the payments.
5. Pursuant to s. 45.47, Stats., the applicant awarded a grant agrees to maintain records as required by the Department concerning the applicant's expenditure of grant moneys and agrees to cooperate fully in any review and audit of grant expenditures. In addition to any other legal remedies available to the Department, the Department may recoup any grant funds awarded if the applicant does not comply with the audit.
6. Any grant funds awarded shall be paid via ACH payment or printed check.
7. By submitting this application, the applicant certifies that the applicant is compliant with applicable state and federal laws, rules, and regulations, including tax laws and requirements of the grant award.
8. In connection with the work performed to meet eligibility for this grant, the applicant certifies that it did not discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability, as defined in s. 5.01(5), Stats., sexual orientation, or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment advertising, layoff or termination, rates of pay or other forms of compensation, selection for training, including apprenticeship.
9. The applicant understands that this application and other materials submitted to the Department, may constitute public records subject to disclosure under the Wisconsin Public Records Law, s. 19.31, Stats.



## VETERANS SERVICE ORGANIZATION GRANT – FEDERAL BENEFITS REPORT

The information requested on this form is authorized for collection by Ch. 45, Wis. Stats., and VA 7, Wis. Admin. Code. The information collected is used to determine eligibility for programs administered by the Department. Completion of this form is voluntary; however, failure to furnish the requested information may result in denial of eligibility for programs. Personally identifiable information collected on this form is not likely to be used for any other purpose.

The Department does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or provision of services.

**REPORT FOR THE FISCAL YEAR** 2022 ; **FOR** \_\_\_\_\_ **VSO**

From April 1, 2021 , to March 31, 2022

### FEDERAL BENEFITS

| ACTIVITY  | NUMBER | COMMENTS |
|---|--------|----------|
| 1. <b>Power of Attorney</b> Indicate the number of new VA Form 21-22s submitted to WDVA/Other VSOs for representation   | /      |          |
| 2. <b>Disability Compensation</b> Indicate the number of new and re-opened VA Form 21-526s, reconsiderations VA 21-526 or 21-527 or other communications submitted for compensation benefits to WDVA/VA or other VSOs |        |          |
| 3. <b>Pension</b> Indicate the number of VA Form 21-527s or other communications submitted for veterans Pension benefits to WDVA/VA or other VSO  |        |          |
| 4. <b>Medical Expenses for Pension</b> Indicate the number of VA Form 21p-8416s submitted for Unreimbursed Medical Expenses for pension and death pension to WDVA/VA or other VSOs                                    |        |          |
| 5. <b>Loan Guaranty</b> Indicate the number of Federal Home Loan applications submitted   |        |          |
| 6. <b>Educational</b> Indicate the number of Federal Educational benefit applications submitted   |        |          |
| 7. <b>Vocational Rehabilitation</b> Indicate the number of Federal VocRehab applications submitted  |        |          |
| 8. <b>Medical</b> Indicate the number of VA Form 1010EZ forms submitted for enrollment into VA Healthcare   |        |          |
| 9. <b>USDVA Notices of Disagreement</b> Indicate the number of Notice of Disagreements, VA Form 21-0958, DRO Request forms submitted to WDVA/VA and other VSOs  |        |          |
| 10. <b>USDVA Waiver Requests</b> Indicate the number of requests for waivers of Federal benefits regulations submitted  |        |          |
| 11. <b>BVA Appeals</b> Indicate the number of VA Form 9s submitted to WDVA/VA and other VSOs  |        |          |
| 12. <b>Insurance</b> Indicate the number of applications for VA Insurance programs submitted  |        |          |
| 13. <b>Burial Allowances</b> Indicate the number of applications for VA Burial Allowance submitted  |        |          |
| 14. <b>Flag Applications</b> Indicate the number of applications submitted for Burial Flags   |        |          |
| 15. <b>Marker Applications</b> Indicate the number of applications submitted for Burial Markers   |        |          |
| 16. <b>DIC</b> Indicate the number of applications for Dependency and Indemnity Compensation, VA Form 21-534, submitted to WDVA/VA and other VSOs   |        |          |
| 17. <b>Survivor's Pension</b> Indicate the number of applications for VA Death Pension, VA Form 21-534, submitted to WDVA/VA and other VSOs   |        |          |
| 18. <b>Discharge Correction</b> Indicate the number of applications for discharge upgrades submitted  |        |          |
| 19. <b>Miscellaneous</b> Indicate the number of applications for other federal benefits, not listed, submitted by your office. Include types in comments  |        |          |