



## APPLICATION FOR COUNTY VETERANS SERVICE GRANT

The information requested on this form is authorized for collection by Ch. 45, Wis. Stats. and VA 8.02, Wis. Adm. 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.

This 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 Section 45.82(1), Wisconsin Statutes, \_\_\_\_\_ County, hereby applies for a County Veterans Service Grant for the Fiscal Year beginning July 1, 2016, and ending June 30, 2017, for the purpose of extending and strengthening service of veterans of this county.

Personnel now employed, with 2016 salary, to operate this County Veterans Service office are:

<u>Job Title</u>	<u>Salary</u>
County Veterans Service Officer (Choose one: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time) Others: (Insert County Job Title)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

County Population Size: \_\_\_\_\_

Unless this application is solely for the part-time grant of \$500, it is hereby agreed by the County Board of \_\_\_\_\_ County that the CVSO will be employed full-time in that position.

That, as a minimum condition, the County Veterans Service Office in this County will be maintained, open and staffed during normal county office hours; and

That the grant received will not be allocated "for use by another county department nor may the county reduce funding to a county veterans service office based upon receipt of a grant" (Section 45.82(2), Wisconsin Statutes). Grant funds shall be maintained in a separate account subject to audit by the Wisconsin Department of Veterans Affairs.

\_\_\_\_\_  
 County Veterans Service Officer

\_\_\_\_\_  
 Chairperson, County Board or other official designated to sign for the County

Please submit with this application a letter from the county executive, administrator, or administrative coordinator, to certify that it employs a county veteran service officer, appointed under civil service procedures in accordance with Section 45.82(2), and/or Act 150 (i.e., s. 230.15), Wisconsin Statutes; and include a Federal Benefit Report (Form WDVA 0055D).



### COUNTY VETERANS SERVICE GRANT — FEDERAL BENEFITS REPORT

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REPORT FOR THE FISCAL YEAR 2016 ; FOR CVSO

From July 1, 2015 , to June 30, 2016

#### 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 VA Form 21-526s reconsiderations VA 21-526 or 21-527 or other communications submitted for compensation benefits to WDVA/VA or other VSO		
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 VSO		
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 Notice of Disagreement</b> Indicate the number of Notice of Disagreements, VA Form 21-0958, DRO Request forms submitted to WDVA/VA or other VSO		
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 or other VSO		
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 or other VSO		
17. <b>Survivor's Pension</b> Indicate the number of applications for VA Death Pension, VA Form 21-534, submitted to WDVA/VA or other VSO		
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.		