



## APPLICATION FOR AMERICAN INDIAN VETERANS SERVICE GRANT

The information requested on this form is authorized for collection by Ch. 45, Wis. Stats. and VA 15, 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(4), Wisconsin Statutes, \_\_\_\_\_ Tribe, hereby applies for an American Indian 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 tribe.

Personnel now employed, with present and proposed monthly salary, by this tribe to operate the Tribal Veterans Service Office (TVSO) are:

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

*(List any added positions proposed for the office for the coming Fiscal Year, with salaries.)*

The application is hereby agreed to by the Tribal Council of \_\_\_\_\_ Nation to include all of the following conditions:

1. The TVSO shall be appointed in accordance with VA 15.03.
2. The Tribal Veterans Service Office will be maintained, open and staffed during normal tribal or band office hours; and
3. The grant received will not be allocated “for use by another tribal department nor may the tribe reduce funding to a tribal veterans service office based upon receipt of a grant.” Grant funds shall be maintained in a separate account subject to audit by Wisconsin Department of Veteran Affairs.

\_\_\_\_\_  
Tribal Veterans Service Officer

\_\_\_\_\_  
Tribal President/Chairperson  
Or Designated Tribal Council Official

Please submit with this application a signed grant agreement (WDVA 0056C), federal benefit report (WDVA 0056D) and statement in the application cover letter which addresses success in meeting the previous year goals and objectives and include the goals and objectives for the current fiscal year (7/1/16 – 6/30/17).





## AMERICAN INDIAN VETERANS SERVICE GRANT — FEDERAL BENEFITS REPORT

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**REPORT FOR THE FISCAL YEAR** 2016 ; **FOR** TVSO  
 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 Notices 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.		