



COUNTY TRANSPORTATION GRANT APPLICATION (VA 16.02)

(This grant opportunity is only offered to counties that are NOT served by transportation services provided by the Disabled American Veterans (DAV) organization)

Applicant: County: _____ **Agency:** _____
Applicant may be more than one county if counties share transportation services.

Check one box that describes your veterans' transportation program:

- Existing veterans' transportation program:** Provide information below for the 12-month period of July 1, 2015 – June 30, 2016.
- New or expanded (by at least 50%) veterans' transportation program:** Complete information on this page as the program is expected to function.

TRANSPORTATION PROGRAM DESCRIPTION

Describe how coordination was made to get the veteran to his/her VA medical appointment:

Describe how trips were scheduled:

Describe the methods of transportation used:

TRANSPORTATION SERVICES ACTIVITY

Use data for the 12-month period of July 1, 2015 – June 30, 2016.
Provide estimates for a new or expanded transportation program.

How many veterans were transported? _____
Each trip is a unique event. If you transport the same veteran 4 times, count 4 veterans.

Record the total miles driven for veterans transported. If 3 veterans are transported in a van 100 miles, count 3x100 or 300 miles transported. If your county has a new or expanded veterans' transportation program, estimate the number of miles you expect to transport veterans. _____

Were program fees/donations collected from the veteran for his/her transportation? Yes No

If fees were assessed, how were they determined and what methods were employed to collect?

In addition to this information, complete the Expenses (Part A) information on page 2 of this application. For the Required Supporting Documents (Part B), either complete form WDVA 2110A (Application Supplement) *or* attach the following information relative to the 12-month period of July 1, 2015 – June 30, 2016: Financial statement, including a report of all revenue and expenses, as it relates to veterans' transportation to VA medical appointments; a report that identifies the number of veterans transported and the number of miles that veterans were transported to VA medical appointments.

Provide information in Sections A and B below for the 12-month period of July 1, 2015 – June 30, 2016.

If this is a new or expanded (by at least 50%) veterans' transportation program, provide the amount budgeted for the program, and estimate the amount expected to be received from veterans or other grants.

A Expenses. (July 1, 2015 – June 30, 2016)

- | | | |
|----|--|----------|
| 1. | County expenditure for veterans' transportation program. | \$ _____ |
| 2. | Reimbursement received from veterans or other grants. | \$ _____ |
| 3. | Subtract 2 from 1. (This equals the county's unreimbursed expenses for program.) | \$ _____ |

B Required Supporting Documents. (July 1, 2015 – June 30, 2016)

- Complete form WDVA 2110A
- or* (1) Revenue and expenses with veterans' transportation items clearly identified, and
 (2) Report verifying reported number of veterans transported and miles driven.
- New or expanded (by at least 50%) programs only:
- 2016 budget identifying budget authority for veterans' transportation.

I certify that the information provided in the application for this grant is accurate to the best of my knowledge, that any funds received through this grant will not be allocated for use by a county department that is not an integral part of the transportation services delivery system and will not reduce funding to a county veterans' service office based upon receipt of this grant. Grant funds shall be maintained in a separate account subject to audit by the Wisconsin Department of Veterans Affairs. I further agree to cooperate in any review and audit of grant expenditures by the department, including the provision of any relevant single audit document that establishes that grant funds previously received have been audited by the applicant. I understand that pursuant to s. 45.47 Stats., failure to comply with the above requirements, the Wisconsin Department of Veterans Affairs may, in addition to any other legal remedy available to them, reduce, suspend, or terminate grant provided to the applicant.

Name: _____ Position: _____
Please print legibly

Phone Number: () _____ Email: _____

Signature: _____ Date: _____

Reimbursement check should be made payable to:

Payee: _____
 Address: _____

C For WDVA Use Only.

Total statewide mileage: _____

Applicant's percent of total state miles: _____

Applicant's Grant:

\$ _____