



# Pennsylvania Veterans' Trust Fund

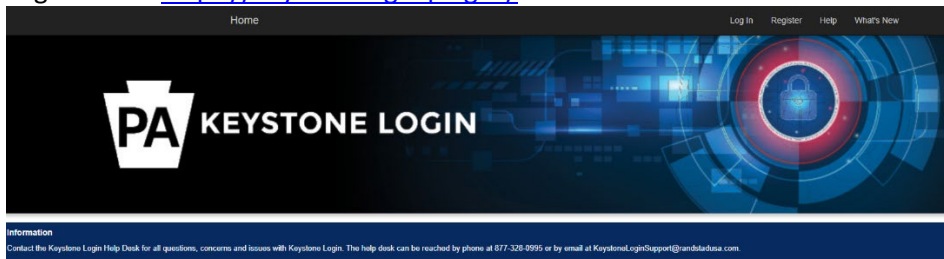
## Department of Military and Veterans Affairs (DMVA) Veterans Trust Fund (VTF) Application Instructions Guide eGrants

### How to Apply for the VTF Program

Pennsylvania's VTF Program requires all applications to be filed electronically using the eGrants Public Portal Interface at <https://grants.pa.gov/Login.aspx>. Applications are best applied by using **Chrome or Edge**.

**NOTE: If you didn't provide an email address during the Keystone registration process, please follow the below steps to add an email address to your keystone user profile.**

1. Log in to the <https://keystonelogin.pa.gov/>



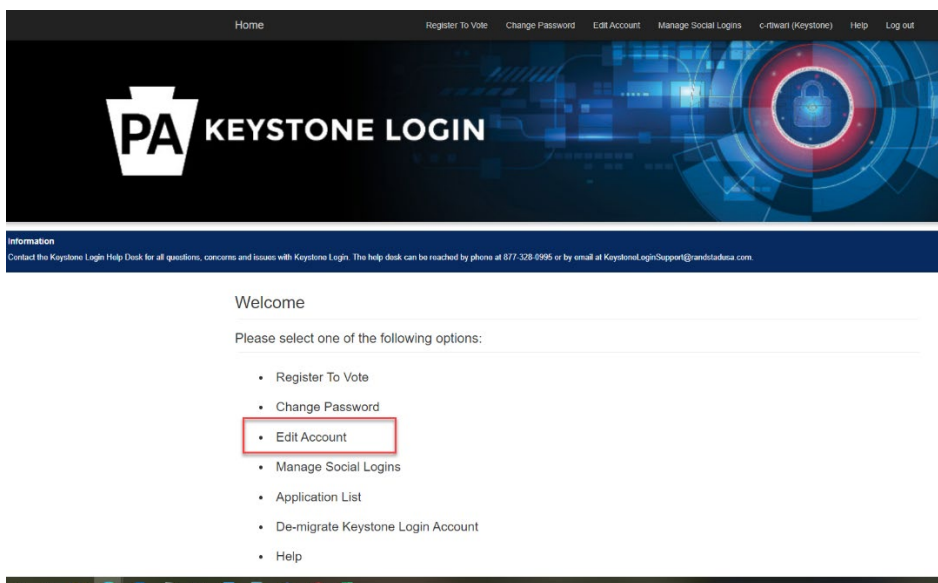
Log In

Username

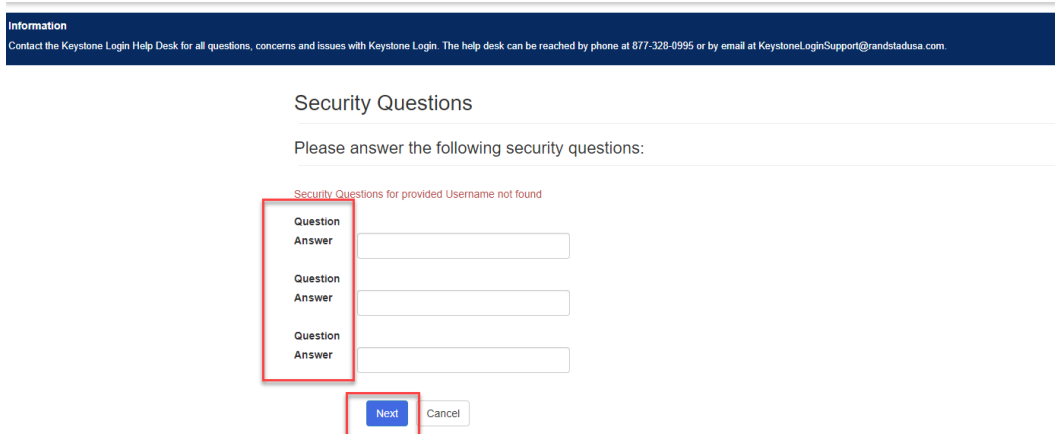
Password



2. Click "Edit Account."



3. Answer the security questions. Click “Next.”



4. Add the email address in “Update User Profile.” Click “Update.”

**Log in to the VTF Program Application Site and Complete the Application:**

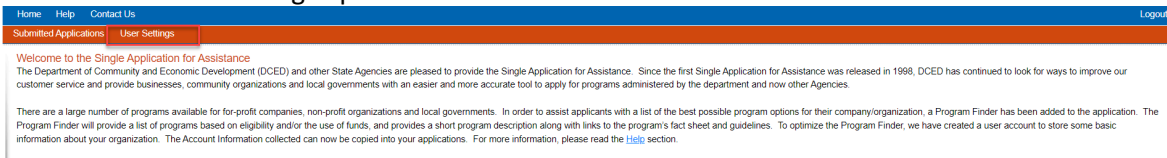
**Note: Have the FEIN of your organization ready before starting the applications along with all contact details. Fields with a red diamond are required and must be completed.**

- Log into the eGrants Public Portal Interface at <https://grants.pa.gov/Login.aspx> with your Keystone username and password.

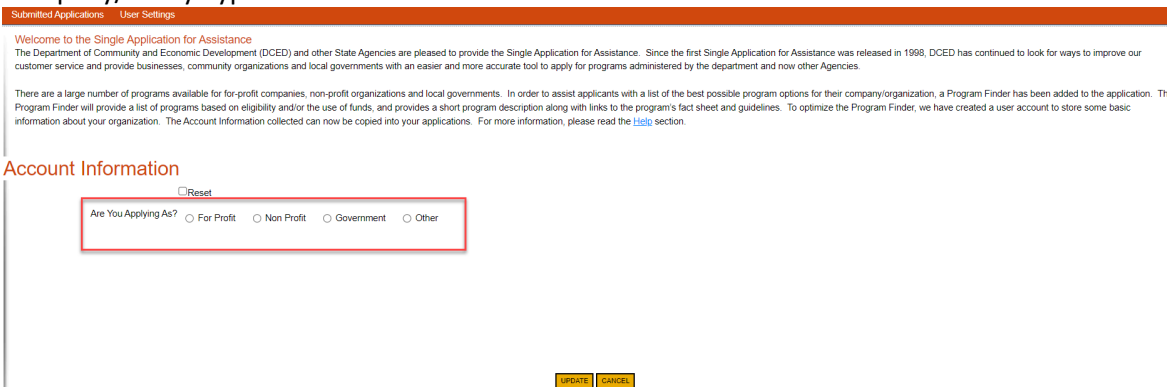
- The “User Setting” option is used to collect the user account information and information collected in the user setting can be copied into your applications. Please follow the below steps to enter user account information:

**NOTE: It is an optional step and is beneficial for users submitting applications for the same entity. Users submitting applications for multiple entities may skip this step.**

- Click on the “User Setting” option as shown below:



- Select an option for “Are You Applying As?” Selection will determine the choices available under Company/Entity Type.



- Enter the Company/Entity Type, Federal Employers Identification Number (FEIN) of the company/organization (do not enter the dash) applying for the application, and other required fields. Click Update.

**Note: All fields with a red diamond are required and must be completed.**

### Account Information

Reset

Are You Applying As?  For Profit  Non Profit  Government  Other

Company/Entity Type:  Limited Liability Partnership  Partnership  
 Sole Proprietorship  Limited Liability Company  
 S Corporation  C Corporation  
 Individual

FEIN:

SAP Vendor #:

Incorporated in PA?  Yes

Registered to do business in PA?  Yes

Company/Entity Name:

Top Official/Signing Authority:

Title:

Application Contact Name:

Application Contact Title:

Phone:  Ext.   
(xxx-xxx-xxxx)

Fax:

E-mail:

Mailing Address:

City:

State: PA

Zip Code:



- Enter the Project Name, select No in the “Do you need help selecting your program?” dropdown, and click “CREATE A NEW APPLICATION.”

Submitted Applications User Settings

### Begin a New Application

To begin a new Single Application For Assistance, enter a brief name for the project (up to sixty characters) and answer whether you need help selecting your program. If you already know the name of the program you want to apply for, answer "No".

If you are applying for the Educational Improvement Tax Credit (EITC) or the Opportunity Scholarship Tax Credit (OSTC), please click the appropriate button. If not, please continue below.

Project Name

Do you need help selecting your program?

- Enter “VTF” under the Program Name section and click “Search.”

Select Program  
To search for programs based on your organization and/or project, click the Program Finder button below.

Program Name  
VTF

Sort By  
Program Name

SEARCH PROGRAM FINDER

1 results. [\(Edit Search\)](#)

- Click on the Apply button next to “Veteran Trust Fund (VTF).”

Select Program  
To search for programs based on your organization and/or project, click the Program Finder button below.

Program Name  
VTF

Sort By  
Program Name

SEARCH PROGRAM FINDER

1 results. [\(Edit Search\)](#)

Search Results  
Below is an alphabetical listing of all programs matching the search criteria above. If you are eligible to apply, click the Apply link to select the program.

**Veterans' Trust Fund** [Apply](#)  
 Pennsylvania Department of Military and Veterans Affairs  
 The VTF grant funding is for new, innovative, and/or expanded programs or services that increase or improve services to veterans in their county, region, or across the Commonwealth.  
 Additional Information: [Program Fact Sheet](#), [Guidelines](#)

- Navigate through the eight (8) application sections using the top row of orange tabs or the blue **Continue** link at the bottom of each section (when applicable):
  1. **Applicant:** The applicant is the entity receiving the grant funding.
    - a. Click “Use Account Information” to pre-fill the fields entered in your user setting. This will only work if you already have an account set up for other grant purposes.
    - b. To enter the applicant information manually, complete the following: and “NAICS code” fields, complete other required information, and click Continue. **The Applicant Entity Type must be selected before the NAICS drop down box appears.**
    - c. Complete the rest of the fields to continue. **Note:** All fields with a **red** diamond are required and must be completed.
      - *Applicant Entity Type:* Select the type of organization that is applying for the grant.
      - *Applicant Name:* Type the name of the organization that is applying for the grant.
      - *NAICS Code:* Enter the code for your organization’s industry. This can be looked up online.
      - *FEIN/:* Enter the applying organization’s FEIN. It should have 9 digits and no dashes.

- **UEI Number:** Enter your organization's number.
- **Top Official/Signing Authority:** Enter your agency head's name.
- **Title:** Enter the professional title of the Top Official/Signing Authority.
- **SAP Vendor Number:** Enter your organization's SAP vendor number. An SAP vendor number is required to process grant funds disbursement.
- **Contact Name:** Enter the name of your primary point of contact regarding the grant proposal between your agency and the DMVA Grants Team. This is the person who will be contacted if there are questions or additional information is needed.
- **Contact Title:** Enter the title of your primary point of contact.
- **Phone:** Enter the phone number for your primary point of contact.
- **Email:** Enter the email of your primary point of contact.
- **Mailing Address, City, State, and Zip Code:** Enter the address of the organization.

**Applicant Information**

To copy your Registration information into the application, click the "Use Account Information" button below.

**USE ACCOUNT INFORMATION**

Applicant Entity Type:  Limited Liability Partnership  Partnership  
 Government  Non-Profit Corporation  
 Sole Proprietorship  Limited Liability Company  
 S Corporation  C Corporation

Applicant Name:

NAICS Code:

FEIN/SSN Number:

\*Please enter SSN/FEIN as 9 digits, no dash.

UEI Number:

Top Official/Signing Authority:

Title:

SAP Vendor #:   
(xxxxxx or xxxxxx-xxx)

Contact Name:

Contact Title:

Phone:  Ext.   
(xxx-xxx-xxxx)

Fax:

E-mail:

Mailing Address:

City:

State: PA

Zip Code:

- 2. Select all that apply for the Enterprise Type checkbox. Click Continue.

- 3. **Project Site:** Enter Address, City, and Zip Code. This is optional and if completed must match the address provided on the applicant information page. **You are required to select the County and Municipality for the organization location.** Click blue Continue link.

- 4. **Project Narrative:** Read each of the four prompts: Organizational History, Veteran Engagement, Project Planning, and Fit & Alignment. Then, type your corresponding response into each of the text fields.

**Project Narrative**  
 Adequate answers to the Project Narrative questions below are required. Uploaded attachments or mailed documents are no longer permitted in this section of the application. If a more detailed narrative is required for the Program selected, instructions will either be provided in the Addenda section of the Program Guidelines.

**ORGANIZATIONAL HISTORY**  
 1. Describe your organization. Include its history, year of inception, purpose, mission, organizational structure, and oversight (e.g., leadership, Board of Directors, advisory council). ♦  
 Character Count: 0 characters.

**VETERAN ENGAGEMENT**  
 2. Describe your organization's engagement with veterans. Include key veteran leadership and staff/personnel, partnerships with other military or veterans' organizations and how those partnerships are leveraged, current programs that support veterans, and estimates of veterans served annually and over the organization's lifetime. ♦  
 Character Count: 0 characters.

**PROJECT PLANNING**  
 3. Explain how your organization plans to use the requested VTF grant funding, if awarded. Include program objectives, performance measures, anticipated outcomes, documented success with similar programs (conducted by other organizations or your own), and a timeline. ♦  
 Character Count: 0 characters.

**FIT AND ALIGNMENT**  
 4. Explain how your organization is equipped to implement your proposed grant project. Include relevant staff, skills, knowledge, training, prior relevant experience and/or projects, and program oversight. Note: if your grant program proposes to provide mental health services, credentials for mental health care providers must be detailed here and copies of credentials must be uploaded to the Addenda section. ♦  
 Character Count: 0 characters.

[Continue](#)

**Notes:**

1. The information provided in the narrative responses must support the priority area selection(s) that are selected in the Addenda tab. It may be helpful to complete the Addenda tab questions first and then come back to this.
2. Responses to all four prompts are required.
3. There is no character limit so please include all necessary details.

5. **Budget:** Enter your planned grant expenditures by budget category. List additional funding, if applicable, for the project's total cost by clicking the Add Funding Source button.

**Notes:**

1. The administrative personnel budget category cannot exceed 10 % of the grant request amount.
2. The grantee should not enter more than:
  - a. \$40,000 if the organization is a Veterans' Service Organization or Non-Profit Charitable Organization.
  - b. \$15,000 if the applying organization is County Directors Veterans Affairs or a PA Assoc.
3. You must enter an amount for at least one budget category.

**Program Budget**

Please see the [Help](#) section for details on how to complete the Program Budget.

[Spreadsheet](#)   [Basis of Cost](#)

Identify grant expenditures by budget category for the project's total cost. Then, go to Basis of Cost to enter the description under the "Budget Narrative" section and include the following information: Explain the proposed budget and how line items are needed for the proposed project. Provide a clear and detailed explanation for the cost of each line item included in the Budget Spreadsheet. Be specific with budget requirements and cost calculations. Include estimates when available and appropriate. Ensure your budget is accurate and adheres to stated VTF guidelines.  
Note: documentation for costs, proposals, etc., should be uploaded to the Addenda section.

**Budget Spreadsheet**

The first column indicates the amount of funding you are requesting from DMVA. After completing the budget, please complete the [Basis of Cost](#) tab. Included is a Budget Narrative where you can provide a more detailed description of specific line items.

Add funding source	Veterans' Trust Fund	Total
Please Select a Category		
Add Category		
Department of Military and Veterans' Affairs Veterans' Trust Fund - Collapse	\$0.00	
Administrative Personnel (Not to exceed 15%) <a href="#">Remove</a>	\$0.00	\$0.00
Direct Service <a href="#">Remove</a>	\$0.00	\$0.00
Contracted Personnel <a href="#">Remove</a>	\$0.00	\$0.00
Staff Travel <a href="#">Remove</a>	\$0.00	\$0.00
Staff Training <a href="#">Remove</a>	\$0.00	\$0.00
Facilities <a href="#">Remove</a>	\$0.00	\$0.00
Equipment <a href="#">Remove</a>	\$0.00	\$0.00
Supplies <a href="#">Remove</a>	\$0.00	\$0.00
Emergency Aid <a href="#">Remove</a>	\$0.00	\$0.00
Marketing & Publications <a href="#">Remove</a>	\$0.00	\$0.00
Contracted Services <a href="#">Remove</a>	\$0.00	\$0.00
Construction <a href="#">Remove</a>	\$0.00	\$0.00
Audit <a href="#">Remove</a>	\$0.00	\$0.00
<b>Total</b>	\$0.00	\$0.00
<b>Budget Total:</b>		\$0.00

- Budget:** After completing the Budget Spreadsheet, click the blue Continue link OR click the Basis of Cost tab to navigate to the Budget Narrative.
  - Under Basis of Cost heading, select one or more items to support how the cost of your grant request was determined. Documentation to support your Basis of Cost should be uploaded in the Addenda section.
  - Under Budget Narrative, read the prompt. Then, type your corresponding response into the text field. Once finish, click the blue Continue link to move to the Addenda section.

[Spreadsheet](#)   [Basis of Cost](#)

**Basis of Cost**

Provide the basis for calculating the costs that are identified in the Project Budget.

- Appraisals    Bids/Quotations
- Budget Justification    Contractor Estimates
- Engineer Estimates    Sales Agreements

**Budget Narrative**

The narrative must specifically address each of the cost items identified in the Budget Spreadsheet.

Character Count: 0

[Continue](#)

- Addenda:** Answer the applicable questions in the "Overview" tab of the multi-tab Addenda. *All applicants must complete the overview tab.*
  - Select your organization's eligibility area from the dropdown options in Question 1.
  - Complete the remaining questions.
  - Complete question 6 by downloading the Worker Protection Form PDF by click on the blue link. Then sign and upload the signed document to the system using the Choose File button immediately below Question 6.

**Notes:**

1. Question 3 (county of the applicant) becomes required if the user selects the “COUNTY DIRECTORS VETERANS AFFAIRS OR PA Assoc.” eligibility area in Question 1.
2. All questions with a red diamond are required and must be completed.

**Addenda**  
Below are additional application requirements specific to the program you selected. If you are having problems completing the Addenda because your organization or project do not meet the requirements listed below, please try [changing your program](#).

VTF Overview   Non-profit Charity   Veterans' Service Org   Dir. of Veteran's Affairs

1. What type of eligibility area are you requesting funding for? ♦

2. Are you a Non-profit organization? ♦

If yes, please choose a Non-Profit type:

3. For county VA applicants, please select the applicant type:

4. Website Link

5. Projected Period Months: ♦

6. Please Download, complete and upload the Worker Protection Form. Use the link below. ♦  
[Download Worker Protection Form.pdf](#)

Upload Files  
Use the control below to select your file. Each file can be no larger than 30MB.

File 1  No file chosen

- Upon completion of the VTF overview tab, click on the tab that reflects your organization’s eligibility type.
  - Non-profit Charitable Organization (labeled as Non-profit Charity)
  - Veterans’ Service Organization (labeled as Veterans’ Service Org)
  - County Directors Veterans Affairs OR PA Assoc (labeled as Dir. Of Veteran’s Affairs)
- Complete all required questions under the appropriate tab. All questions with a red diamond are required and must be completed.


**Non-Profit Charitable Organization:** Questions 1 and 2 are required if the “Non-profit Charitable Organization” eligibility type is selected.


**Note: All questions with a red diamond are required and must be completed.**

- **Question 1. Priority Area – more than one priority area can be selected.**
- Question 2. Please Upload the IRS letter of 501(c)(3) status.
- Question 3. Please upload the supporting budget documents such as quotes, invoice documents, etc.
- Question 4. Please upload your organization's mission statements.
- Question 5. Please upload your organization's charters.
- Question 6. Please upload your organization's bylaws.
- Question 7. Please upload a letter of support.

VTF Overview **Non-profit Charity** Veterans' Service Org Dir. of Veteran's Affairs

**NOTE: Please complete this section ONLY if you are a Non-profit Charitable Organization.**

**1. Please select the priority area**   
 TRANSPORTATION SERVICES  BEHAVIORAL HEALTH INITIATIVES  HOMELESSNESS  EMPLOYMENT & EDUCATION

**2. Please Upload the IRS letter of 501(c)(3) status** 

Upload Files  
Use the control below to select your file. Each file can be no larger than 30MB.

File 1  No file chosen

**3. Please upload the supporting budget documents such as quotes, invoice documents, etc.**

Upload Files  
Use the control below to select your file. Each file can be no larger than 30MB.

File 1  No file chosen

**4. Please upload your organization's mission statements**

Upload Files  
Use the control below to select your file. Each file can be no larger than 30MB.

File 1  No file chosen

**5. Please upload your organization's charters**

Upload Files  
Use the control below to select your file. Each file can be no larger than 30MB.

File 1  No file chosen

**6. Please upload your organization's bylaws**

Upload Files  
Use the control below to select your file. Each file can be no larger than 30MB.

File 1  No file chosen

**7. Please upload a letter of support.**

Upload Files  
Use the control below to select your file. Each file can be no larger than 30MB.

File 1  No file chosen

**Veterans' Service Organization:** Questions 1 and 2 are required if the "Veterans' Service Organization" eligibility type is selected.

**Note: All questions with a red diamond are required and must be completed.**

- **Question 1. Priority Area – more than one priority area can be selected.**
- Question 2. Please Upload the IRS letter of 501(c)(19) or 501(c)(3) status.
- Question 3. Please upload the supporting budget documents such as quotes, invoice documents, etc.
- Question 4. Please upload your organization's mission statements.
- Question 5. Please upload your organization's charters.
- Question 6. Please upload your organization's bylaws.
- Question 7. Please upload a letter of support.

**Addenda**

Below are additional application requirements specific to the program you selected. If you are having problems completing the Addenda because your organization or project do not meet the requirements listed below, please try [changing your program](#).

VTF Overview    Non-profit Charity    **Veterans' Service Org**    Dir. of Veteran's Affairs

**NOTE: Please complete this section ONLY if you are a Veterans' Service Organization.**

1. Please select the priority area. ◆
- TRANSPORTATION SERVICES
  - BEHAVIORAL HEALTH INITIATIVES
  - HOMELESSNESS
  - EMPLOYMENT & EDUCATION

2. Please Upload the IRS letter of 501(c)(19) or 501(c)(3) status. ◆

Upload Files  
Use the control below to select your file. Each file can be no larger than 30MB.

File 1  No file chosen

3. Please upload the supporting budget documents such as quotes, invoice documents, etc.

Upload Files  
Use the control below to select your file. Each file can be no larger than 30MB.

File 1  No file chosen

4. Please upload your organization's mission statements

Upload Files  
Use the control below to select your file. Each file can be no larger than 30MB.

File 1  No file chosen

5. Please upload your organization's charters

Upload Files  
Use the control below to select your file. Each file can be no larger than 30MB.

File 1  No file chosen

6. Please upload your organization's bylaws

Upload Files  
Use the control below to select your file. Each file can be no larger than 30MB.

File 1  No file chosen

7. Please upload a letter of support.

Upload Files  
Use the control below to select your file. Each file can be no larger than 30MB.

**County Directors Veterans Affairs OR PA Assoc.:** Question 1 is required if the “County Directors Veterans Affairs OR PA Assoc.” eligibility type is selected.

**Note: All questions with a red diamond are required and must be completed.**

- **Question1. Priority Area – more than one priority area can be selected if there are more than 1 options.**
- Question 2. Please upload the supporting budget documents such as quotes, invoice documents, etc.
- Question 3. Please upload your organization's mission statements.
- Question 4. Please upload your organization's charters.
- Question 5. Please upload your organization's bylaws.
- Question 6. Please upload a letter of support.

Overview
Non-profit Charity
Veterans' Service Org
Dir. of Vets. Affairs

**NOTE: Please complete this section ONLY if you are a County Directors of Veterans Affairs**

**1. Please select the priority area.**

- VETERAN OUTREACH INITIATIVES
  TRANSPORTATION SERVICES
  HOMELESSNESS

**2. Please upload the supporting budget documents such as quotes, invoice documents, etc.**

**Upload Files**  
Use the control below to select your file. Each file can be no larger than 30MB.

File 1  No file chosen

**3. Please upload your organization's mission statements**

**Upload Files**  
Use the control below to select your file. Each file can be no larger than 30MB.

File 1  No file chosen

**4. Please upload your organization's charters**

**Upload Files**  
Use the control below to select your file. Each file can be no larger than 30MB.

File 1  No file chosen

**5. Please upload your organization's bylaws**

**Upload Files**  
Use the control below to select your file. Each file can be no larger than 30MB.

File 1  No file chosen

**6. Please upload a letter of support**

**Upload Files**  
Use the control below to select your file. Each file can be no larger than 30MB.

File 1  No file chosen

**2. Signing Authority:** enter the authorized official user(s) information. Click Continue.

**Signing Authority**

Title *	First Name *	Last Name *	Email *	<input type="button" value="Add"/>	<input type="button" value="Cancel"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

No data has been entered

**3. Certification:** Click the Electronic Signature Agreement checkbox and select the applicable options. Click the Notice checkbox and then click "Submit Application."

Application Certification

All of the required sections of the web application have been completed. If you have reviewed the application, you may submit it for processing. **After submitting, you will no longer be able to make changes.**

**Electronic Signature Agreement:**

By checking this box and typing your name in the below textbox, I hereby certify that all information contained in the single application and supporting materials submitted via the Internet and its attachments are true and correct and accurately represent the status and economic condition of the Applicant, and I also certify that, if applying on behalf of the applicant, I have verified with an authorized representative of the Applicant that such information is true and correct and accurately represents the status and economic condition of the Applicant. I also understand that if I knowingly make a false statement or overvalue a security to obtain a grant and/or loan from the Commonwealth of Pennsylvania, I may be subject to criminal prosecution in accordance with 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and 31 U.S.C. §§ 3729 and 3802 (relating to false claims and statements).

- I am the applicant.
- I am an authorized representative of the company, organization or local government.

Type Name Here:

**Electronic Attachment Agreement:**

**NOTICE**

By submitting an application for this grant program Applicant expressly acknowledges and confirms that the signatures affixed to any document submitted to the Pennsylvania Department of Military and Veteran's Affairs (DMVA) through eGrants comply with all legal requirements applicable to the Applicant organization and are legally binding. DMVA will rely on the signatures as originating from persons possessing requisite legal authority to contractually bind the Applicant, and if awarded a grant, the Grantee.

You will be given an opportunity to print the signature page along with a copy of the application immediately after you submit.

SUBMIT APPLICATION

**Note: After application submission, the system generates a Single Application ID # and a Web Application ID # as shown in the below screenshot. Please keep the web application id # for future reference.**

Application Certification

Single Application ID #: 202312125395

I have certified that all information contained in the single application and supporting materials submitted via the Internet, Single Application # 202312125395 and its attachments are true and correct and accurately represent the status and economic condition of the Applicant, and I also certified that, if applying on behalf of the applicant, I have verified with an authorized representative of the Applicant that such information is true and correct and accurately represents the status and economic condition of the Applicant. I also understand that if I knowingly make a false statement or overvalue a security to obtain a grant and/or loan from the Commonwealth of Pennsylvania, I may be subject to criminal prosecution in accordance with 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and 31 U.S.C. §§ 3729 and 3802 (relating to false claims and statements).

**NOTICE**

By submitting an application for this grant program Applicant expressly acknowledges and confirms that the signatures affixed to any document submitted to the Pennsylvania Department of Military And Veteran's Affairs (DMVA) through eGrants comply with all legal requirements applicable to the Applicant organization and are legally binding. DMVA will rely on the signatures as originating from persons possessing requisite legal authority to contractually bind the Applicant, and if awarded a grant, the Grantee.

You will be given an opportunity to print the signature page along with a copy of the application immediately after you submit.

[Print Signature Page only](#)

[Print Entire Application with Signature Page](#)

The signature page or full application may also be printed/saved from the links above. You may also print/save previously submitted applications from the Home page. Click the link labeled "Submitted Applications" in the top toolbar.

Please note that if you choose to print the entire application with signature page all applicant type tabs under Addenda will print automatically and those that do not apply can be disregarded.

**Questions** All questions regarding the program and application submission process should be directed to:

DMVA Grants Team at [ra-mvettrustfund@pa.gov](mailto:ra-mvettrustfund@pa.gov)