



## Rollin' Traveler Grant Application

### Application Submission

Applications **must** include:

- Completed application
- Project description and goals, with emphasis on how project will enhance & support the mission of the MPVA
- Budget for project activities
- Most recent Form 990 or financial statement
- Information on any partnering organizations, contractors used, or resources utilized to ensure ADA compliance. *\*Note: applicants are encouraged to use the MPVA as a resource to ensure ADA compliance.*

### Review of Application

Funding requests will be reviewed by staff before being presented to the MPVA's Board of Directors during the following board meeting. Award recipients will be announced after the Board of Directors has received and reviewed all of the application requirements.

### Contact Information:

Send completed applications and all requested documents to:

[chapterhq@michiganpva.org](mailto:chapterhq@michiganpva.org)

or

Michigan Paralyzed Veterans of America  
46701 Commerce Center Drive  
Plymouth, Michigan 48170

*If you have any questions, please contact us at: (248) 476-9000 or [chapterhq@michiganpva.org](mailto:chapterhq@michiganpva.org)*

FOR OFFICE USE ONLY

Application No. \_\_\_\_\_

Date Received \_\_\_\_\_



Paralyzed Veterans of America

Michigan Chapter  
**Rollin' Traveler**  
**Grant Application**

Please print or type

APPLICANT

Name of Agency/Organization: \_\_\_\_\_ EIN: \_\_\_\_\_

Name of Application Contact: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Service Area (if applicable): \_\_\_\_\_

AWARD DESIGNATION

Please indicate the award amount that your agency/organization is seeking. *Note: scope of application detail and project information provided will be considered in relation to the amount requested.*

\_\_\_\_\_ \$10,000 \_\_\_\_\_ \$5000 \_\_\_\_\_ \$2000 \_\_\_\_\_ other (please specify)

VERIFICATION

I verify that the information about the aforementioned agency/organization enclosed in this application, as well as in any documents attached, is true and correct to the best of my knowledge. I understand that all decisions rendered by the MPVA on the award and administration of funding are final. If the above Request for Proposal (RFP) is selected as an award recipient, I authorize the MPVA to use any photographs, statements, or general information about this project or be agency/organization in its marketing materials (i.e. written communication, online announcements, social media engagements, etc.) I signing, I commit on behalf of the agency/organization to regular communications with and at the behest of the MPVA on the project detailed for this application, its budget, and relevant updates.

**Printed Name & Signature of Agency/Organization Representative:**\_\_\_\_\_ **Date:** \_\_\_\_\_