

STATE OF NORTH DAKOTA
Department of Veterans Affairs
4201 38th Street SW, Suite 104; PO Box 9003
Fargo, North Dakota 58106-9003

Impact and Discretionary Funding Requests

*****Impact grant must be accompanied by a completed Grant application SFN 54410*****

Applicant Info:

Date:

Name:	SSN:
Verified the applicant is a ND Resident Veteran: Yes No	Phone:
Address:	
DD 214 included forwarding	

Payee Info:

Name	Attn:
Address:	
Will accept: Check Yes No Credit Card Yes No	Phone:

a. Clear and simple explanation of situation and the events that led to this situaion:

b. Clear explanation of what is needed and when it is needed:

c. List of all resources applied for. Which agencies will help and which are exhausted and why?

d. Clear plan that will leave the applicant in a good position to continue on without further assistance.

I attest the information contained in this form is true and accurate to the best of my knowledge.

Name of representative and title:

Phone Number:

Email: