

**BROOMFIELD VETERANS MEMORIAL MUSEUM  
DAVENPORT EMERGENCY GRANT APPLICATION FORM**

Full Legal Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Date: \_\_\_\_\_ Amount Requested: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Describe the reason (emergency need) for your request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What specific costs are requested to be covered by this grant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information you deem relevant to your request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Per IRS Code 501(c)3 grant funds cannot be provided directly to the recipient. Funds are paid to the provider of a service or merchandise to the veteran. The veteran or veteran's sponsor must provide the respective invoice(s) to the BVMM Davenport Fund for payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach copies of:

1. Veteran's Form DD-214.
2. Power of Attorney if request is signed by a person other than the veteran.

Send the completed form with attachments to Davenport Grant, 12 Garden Center, Broomfield, CO 80020 or email [broomfieldveterans@gmail.com](mailto:broomfieldveterans@gmail.com).