

INSTRUCTIONS FOR COMPLETING THE HOME DEPOT GRANT APPLICATION

SIGNING IN:

If you have applied in a prior year, be sure to select "I am a returning online applicant" and use the same email address and password that you used initially. If you do not remember your password, select the 'Forgot your password...' link and it will be emailed to you.

If this is your first time applying as a new applicant, please select "I am a new online applicant" and click "Continue" to create a new account.

Account Login

Please Sign In

Welcome to The Home Depot Foundation's online application & requirement page.

Please enter your log in information below to access your saved applications or to view requirement forms that are due.

***New Applicants:** Please select "I am a new online applicant" and click "Continue" to create a new account.

E-mail Address:

- I am a new online applicant
 I am a returning online applicant.

My password is:

[Forgot your password? Click here](#)

Enter your VFW Post's tax ID#. Click OK.

Community Impact Grants Program

[Contact Us](#) [Program Guidelines](#) [Grant Program FAQ's](#) [Exit](#)

TAX ID INSTRUCTIONS

Please enter your organization's Federal Tax Identification Number below. This is also known as the Employer Identification Number (EIN) and should be on file with your organization's finance department. Please note:

- The Home Depot Foundation only grants to registered nonprofit organizations in good standing with the Internal Revenue Service (IRS).
- Please be prepared to submit a copy of your organization's **IRS determination letter** (or a W-9 Form if a public agency).
- If your organization is a subgroup or affiliate of a parent organization, you will be required to provide the registered IRS determination letter and EIN.

Should you need assistance with obtaining your EIN, you may search the IRS's [online list](#) of registered charitable organizations.

Please enter your Tax ID:

All questions must be answered exactly like the screen prints on each of the following pages. Type your Post's information for questions regarding the organization's address, contact person, project info, etc.

****Comments in parentheses are suggestions.**

Part 1: Grant Application

All questions below must be answered prior to moving forward with the 2nd part of the application process.

1). Have you reviewed the Community Impact Grant Program guidelines?

Yes ▾

2). Is your organization a registered 501(c)(3) nonprofit organization, tax-exempt public school, or tax-exempt public agency in the U.S. with a valid ID?

Yes ▾

3). Will your project begin in 2012?

Yes ▾

4). If funded, will your project be completed within 6 months of The Home Depot Foundation's grant award date?

Yes ▾

5). If funded, will you be able to provide final project reporting within 30 days of the project end date?

Yes ▾

6). Are you requesting a grant for any of the following?

None of the above

7). This program awards grant funds exclusively in **The Home Depot gift cards**. Will this hinder execution of your project?

No ▾

8). Has your organization been in existence for more than one year?

Yes ▾

9). Will volunteers from your community be used to complete this project?

Yes ▾

10). Will the project take place in the United States?

Yes ▾

Submit

Enter your VFW Post's information in the following form:

* ORGANIZATION INFORMATION

1). Name of Organization

VFW Post (Post # here)

* 2). a. Tax ID Number (also known as Federal Employer Identification Number or EIN)

You will be required to attach proof of your IRS charitable status on the last page of the application

Enter in following format 12-3456789 (note, your EIN is a 9-digit number issued by the IRS)

Tax ID here

2). b. Organization's Legal Name

If different from name above, please provide your legal name as registered with the IRS; if the same, please leave this field blank

VFW Post (Post # here)

If legal name is different, please explain briefly below

Leave blank if not applicable

2). c. If your organization is known by another name (such as a d/b/a) or goes by an acronym, please list below

Leave blank if not applicable

3). a. Select here if your organization is a public charity

* 3). b. Please select your organization's tax status on file with the IRS

This is also referred to as the Internal Revenue Code (IRC)

501(c)19

* 4). Street Address

Enter a physical street address; we cannot accept PO Boxes

Note, an incomplete or insufficient address may result in funding delays; please make sure to include suite numbers, etc.

Type your complete Post address here.
(No P.O. boxes allowed)

* 5). City

City of Post

* 6). State

Select one

<Select One>

* 7). Postal Code

Use Format: 12345-1234

Zip code here

* 8). Country

This program only funds projects in the United States

United States

* 9). Organization's Main Phone Number

Use format: xxx-xxx-xxxx

Post phone #

10). Organization's Main Fax Number

Use format: xxx-xxx-xxxx

Post fax #

* 11). Organization's Website Address

Use format: www.name.org

If no Post web address, then use your state Dept. website

* 12). Please select the organization type that best describes your organization

Select only one

Veterans Organization

* 13). Please copy your organization's mission statement below; you will have an opportunity to add more information in the next field about your organization

Limit to 100 words or less

(Ex. "VFW Post ____ supports programs and services that help local veterans, troops and families...")

* 14). Please briefly describe your organization's history, basic goals, and/or purpose

Limit to 200 words or less

Type Post's history, goals/purpose here

* 15). Please provide your organization's annual budget

Please do not add text or symbols, only numbers rounded to the nearest dollar

Budget here . 00

* 16). What is the primary population group your organization serves?

Veterans/ Military

* 17). Approximately how many people does your organization serve annually?

Please do not add text or symbols, only numbers (do not enter a range -- one number only please)

Enter # here

PRIMARY CONTACT INFORMATION

* This is the primary contact for your organization, not necessarily the contact for this project; the person listed here will be consistent for all grants awarded to your organization and is usually the person that signs the grant agreement (e.g. President, CEO, Development Director, etc.)

1). Organization Contact Prefix

<Select One>

* 2). Organization Contact First Name

Commnder or QM's first name

* 3). Organization Contact Last Name

Commnder or QM's last name

* 4). Organization Contact Title

Commnder or QM

* 5). Office Address

Enter a physical street address; we cannot accept PO Boxes

Address of Post

* 6). City

City of Post

* 7). State

Select one

<Select One>

* 8). Postal Code

Use Format: 12345-1234

Post zip

* 9). Country

United States

* 10). Email Address

Type your email address

* 11). Phone Number

Use format: xxx-xxx-xxxx

Phone # here

12). Phone Extension

If applicable

13). Mobile Phone (work)

Use format: xxx-xxx-xxxx

Mobile phone #

14). Fax Number

Use format: xxx-xxx-xxxx

Fax #

PROJECT CONTACT INFORMATION

This is the primary contact or lead person for this project; this person is responsible for the project and is the primary contact for all communications and reporting requirements

Click here if the Project Contact is the same as Organization Primary Contact



* 1). Project Contact Prefix

<Select One> ▾

* 2). Project Contact First Name

* 3). Project Contact Last Name

* 4). Project Contact Title

* 5). Office Address

* 6). City

* 7). State

Select one

<Select One> ▾

* 8). Postal Code

Use Format: 12345-1234

* 9). Country

<Select One> ▾

* 10). Email Address

This will be the primary email used for all grant correspondence; please make sure you add us to your organization's safe list to avoid our emails going to your junk mail

* 11). Phone Number

Use format: xxx-xxx-xxxx

12). Phone Extension

13). Mobile Number (work)

Use format: xxx-xxx-xxxx

14). Fax Number

Use format: xxx-xxx-xxxx

* **PROJECT INFORMATION**

1). Project Title

Please list a short title (limit to under 15 words), not a description of the project. You'll be able to enter a description later in the application.

(Examples: "Support for Home Repairs for Disabled Veterans"; "Community Garden Project,"; or "Extended Care Facility Expansion")

Enter the title of your project here...

NOTES

1) Ex. "VFW Post #123 Fix our Roof"

2) \$5,000 is the maximum you can request from Home Depot

3) Do not list total project budget of over \$9,000 as Home Depot might wonder where the other funds are coming from

➔ 2). Amount of Request from The Home Depot Foundation

Value may not be less than 25.00.

Amt needed . 00

➔ 3). Total Project Budget

Include all funding from all sources for this project

Value may not be less than 25.00.

Total cost . 00

* 4). Please provide an overview or summary of your project (project description)

Limit to 200 words or less

Type a more detailed description of your project

Example: VFW Post 111 of Anytown, MO would like to...

* 5). Project's Start Date

MM/DD/YYYY

min 6wks in future

* 6). Project's End Date

MM/DD/YYYY

(If this is a one-day project, please use the same start and end dates)

6 month limit

NOTES

5) List a date at least 6 weeks in the future as it may take Home Depot this long to disburse the money if approved.

* 7). Enter the City where your project will take place

City of Post location

* 8). Select the State where your project will take place

MO

9). Is your project location(s) considered to be part of a major metropolitan area? If so, please list below the metro area served; if not, then please enter "N/A"

Example: project location is in Alexandria, VA; metro area served would be Washington, DC

Depends on Post location

* 10). From the list below, please select the type of facility your project will be improving

Select only 1

Community Building-Community Center (e.g. VFW, YMCA, Etc.)

* 11). Please select the project activity that most closely matches the work you will be completing

Select up to 2 in order of importance; if the 2nd option doesn't apply then leave blank

Renovating/Remodeling

<Select One>

- * 12). a. Please describe your project and how volunteers will be used to impact the community

Limit to 100 words or less

Example: VFW Post will (describe project)...Volunteers have been recruited from our Post to...

- * 12). b. Please tell us if this a short-term (1 month or less) volunteer **effort** or a longer term (longer than 1 month) volunteer **program** you are requesting funds for?

Long-term (unless shorter than a month)

- * 13). Total number of community volunteers required to complete the project

Enter numbers only - no text or punctuation

(at least 5 or more)

- * 14). a. Although your project may impact more than one population group, please select the target population your project will **mostly** impact

You will have the opportunity to select an additional (secondary) population below

Veterans/ Military

- * 14). b. Based upon the selection above, what is the total served by this project?

Please do not add text or symbols, only numbers

(# people using Post bldg-not just members)

- * 14). c. Please explain how this project serves the above selected population group?

Limit to 100 words or less

Explain how the grant will benefit the Post as well as other community groups that use your building

- 15). Please select the secondary population that your project will serve

Select one (different from above); if there is no secondary group then please leave blank

Senior Citizens

- * 16). How did you learn about the Community Impact Grants Program?

Limit to 50 words or less

Our Post was notified by the VFW Foundation of this grant. Our thanks to our friends at The Home Depot for allowing our Post to apply!

- * 17). Have you previously received funding from either The Home Depot or The Home Depot Foundation? If yes, briefly tell us when, how much, and how was the grant used?

Limit to 50 words or less

(Should be more than 12 months since last award)

18). This grant program is 100% funded in The Home Depot (THD) gift cards. Please list the store number and location of your local The Home Depot you will be using to provide the material for your project.

Click [here](#) to find the exact store number and location.

- * 18). a. Store Number

Call store

- * 18). b. Store City

Type city of closet store here

- * 18). c. Store State (2 letter abbreviation)

Save & Finish Later

Next

Upload your Post's 501(c)(19) tax letter or W-9 form and click 'Upload'.

Attachments

We are only able to give to those organizations that provide proof of their charitable status with the IRS.

Instructions: Please attach your **IRS Determination Letter** on file with the IRS. *If you are a public school or tax-exempt public service agency, then please attach a completed W-9 form, signed by your CFO or equivalent finance person. A blank W-9 form can be found at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>. Note, please do not attach your state tax exemption certificate as this is not acceptable proof of your organization's charitable status.*

Upload

The maximum size for all attachments combined is 25 MB. Please note that files with certain extensions (such as ".exe", ".com", ".vbs", or ".bat") cannot be uploaded.

Title: ▾

File Name:

After you receive confirmation of file uploading, click the 'Review & Submit' button.