

## TVC-FVA Emergency Funding Request (FVA-EFR) Form

In case of a natural disaster, health emergency, or major event where a state of emergency has been declared by the governing authority of that community, county, region (or state) , FVA grantees may request up to 25% of their current grant to fund operations in their service category. Based on the scale and duration of the declared emergency, grantees may submit subsequent requests for additional funding (at the percentage increment underlined) to ensure Texas veterans, their dependents, and surviving spouse receive the critical services they need.

### THE INTENT OF THE EMERGENCY FUNDING IS TO INCREASE FUNDS FOR IMMEDIATE CLIENT SERVICE NEEDS

<b>Grantee Name</b>	
<b>Grant Number</b>	
<b>Current Grant Amount \$</b>	
<b>Current Project Service Category</b>	

<b>What services are currently being provided?</b>

<b>Budget</b>			
Category	Current Awarded Amount	Emergency Funding Request	Adjusted Total Grant Amount
Salaries and Wages			
Fringe Benefits			
Travel			
Supplies			
Client Services			
Other Direct			
Indirect Cost			
<b>Total</b>			

<b>What is the emergency and under whose declaration authority? What services will the emergency funding provide?</b>

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<b>Currently what is the organization's maximum allowable cost per client?</b>	
<b>What is the proposed maximum allowable cost per client?</b>	

<b>Currently what is the organization's maximum number of months that services will be provided to a single client?</b>	
<b>What is the proposed maximum number of months that services will be provided to a single client?</b>	

<b>Performance Measures</b>			
<b>Number to Serve</b>	<b>Current Grant Award Beneficiaries</b>	<b>Additional Beneficiaries</b>	<b>Adjusted Total Number to Serve</b>
<b>Veterans</b>			
<b>Dependents</b>			
<b>Surviving Spouses</b>			
<b>Total</b>			

The submission of this document has been duly authorized by the governing body of the awarded organization.

**Authorized Grantee Official**

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

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Approving Texas Veterans Commission Official**

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

Thomas P. Palladino  
Executive Director