



2026 FUNDING APPLICATION

COMPLETED APPLICATION DELIVERY OPTIONS:

EMAIL TO:

leonjenkins@msn.com

SUBJECT: 2026 FUNDING APPLICATION

MAIL TO:

FUNDING SELECTION COMMITTEE
8103 PROSPECT DRIVE, FULSHEAR TX 77441

FAX TO:

877-497-4590, ATTN: FUNDING SELECTION COMMITTEE

**ONLY APPLICATIONS RECEIVED BY 5PM, NOVEMBER 9,
2026 WILL BE CONSIDERED FOR A FUNDING AWARD.**



DWF VETERANS CLUB 2026 FUNDING APPLICATION
Application Deadline: Monday, November 9, 2026 by 5pm CST

GENERAL: Del Webb Fulshear Veterans Club, Inc. is a 501c3 tax exempt nonprofit organization with a Friends of Veterans (FOV) auxiliary. Our focus and passion are toward helping/supporting veterans within the DWF 55+ community and local area veteran-oriented organizations. Our ongoing effort is to promote a DWF community that is Veteran family friendly.

1. ORGANIZATION INFORMATION

Organization Name: _____

Legal Name, if different: _____

Website: _____

EIN/Tax ID: _____

Organization Type:

- ☐ 501(c)(3)
☐ 501(c)(19) Veterans Organization
☐ 501(c)(23) Veterans Organization
☐ Other: _____

Year Founded: _____

Primary Contact Name: _____

Title: _____

Email: _____

Phone: _____ **Fax:** _____

Mailing Address: _____



2. ORGANIZATIONAL MISSION

Briefly describe your organization's mission and history. _____

How does your organization specifically support military veterans, service members, or their families? _____

What geographic areas do you serve? _____

3. VETERAN POPULATION SERVED

Approximately how many veterans did your organization serve during the most recent fiscal year? _____ Veterans

What percentage of your total clients/participants are veterans? _____ %

Which populations do you serve?

[Check all that apply]

- ☐ Active-duty service members
- ☐ Veterans
- ☐ Recently separated veterans
- ☐ Disabled veterans
- ☐ Homeless/housing-insecure veterans
- ☐ Low-income veterans
- ☐ Rural veterans
- ☐ Women veterans
- ☐ Veteran families/caregivers
- ☐ Older veterans
- ☐ Other: _____



4. PROGRAM/PROJECT FOR WHICH FUNDING IS REQUESTED

Project/Program Name: _____

Proposed Project Period: From _____ to _____

Briefly describe the program or project for which you are requesting funding.

What services will veterans receive?

- ☐ Housing/homelessness assistance
- ☐ Employment/workforce development
- ☐ Education/training
- ☐ Mental health/wellness
- ☐ Benefits assistance/navigation
- ☐ Legal services
- ☐ Transportation
- ☐ Financial assistance
- ☐ Disability/rehabilitation services
- ☐ Family/caregiver services
- ☐ Peer support
- ☐ Other: _____

5. PROGRAM OUTCOMES

What are the three most important outcomes you expect funding to produce?

Outcome 1: _____

Outcome 2: _____

Outcome 3: _____

How will you measure whether the program is successful? _____



Please provide results from the most recent year, if the program already exists.

6. COMMUNITY NEED

Describe the unmet need among veterans in the community you serve. _____

7. ORGANIZATIONAL CAPACITY

How many full-time employees does your organization have? _____

How many part-time employees? _____

How many volunteers? _____

Does your organization partner with other organizations to serve veterans?

☐ Yes

☐ No

If yes, please describe the partnerships: _____

9. FINANCIAL HEALTH

Organization's most recent annual operating budget: \$ _____

Has the organization experienced an operating deficit during the past three fiscal years?

☐ Yes

☐ No

If yes, please explain: _____



Does your organization have an annual financial audit or financial review?

- ☐ Audit
- ☐ Financial review
- ☐ Neither

Are there any significant pending legal, regulatory, or financial matters that could materially affect the organization?

- ☐ Yes
- ☐ No

If yes, explain: _____

10. DIVERSITY, ACCESSIBILITY & VETERAN REACH

How does your organization ensure that veterans can access your services regardless of location, income, disability, or other barriers? _____

11. SUPPORTING DOCUMENTS

[Please attach the following, as applicable]

- ☐ IRS determination letter
- ☐ Most recent annual financial statements
- ☐ Most recent audit or financial review
- ☐ Current organizational budget
- ☐ Project/program budget
- ☐ Board/leadership list
- ☐ Program evaluation or outcomes report
- ☐ Other supporting materials

12. CERTIFICATION

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that submission of an application does not guarantee funding and that additional information may be requested during the review process.

Authorized Representative Name: _____

Title: _____

Signature: _____ **Date:** _____

