

League

**Veteran Affairs Commission
El Dorado County**

APPLICATION FOR ONE-TIME VETERAN ASSISTANCE FUNDING

Funds may be requested on a one-time basis to support veteran service programs to address urgent or emergency needs of the most vulnerable veteran families. These funds are to be used to fill critical service gaps, provide emergency assistance (such as housing stability, food security, transportation, or medical needs) and ensure timely support to veterans and their families in need.

To be eligible to receive funds organizations must be a nonprofit organization or government agency serving veterans in El Dorado County. Approved recipients will be required to provide a report detailing activities and expenses of the assistance provided.

Please note this application is intended for nonprofit applicants only, not direct individual assistance. *Nonprofit organizations, please send complete application to hilary@eldoradocf.org.*

Organization Name: SSgt. Sky Mote Det. #697 Marine Corps League

EIN or TIN#: [REDACTED]

Date: 04/29/26 Amount Requested: 15000.00

Contact Name Stacie Walls

Contact Phone Number: 916-704-4075

Contact Email Address: devildogmom0311@yahoo.com

Purpose: Briefly describe how the funds will be used to serve veterans in El Dorado County (e.g., To provide essential services and support to veterans in need, including housing assistance, transportation, meals, and wellness programs.)

Housing assistance /repairs and tree removal due to storm damage on a Veterans home. If any funds are left remaining, we will use for emergency housing/ food and utility payment assistance.

Services to be provided (check all that apply and estimated costs):

- Emergency housing assistance \$ 15000.00 _____
- Food and nutrition support \$ _____
- Transportation to medical appointments \$ _____
- Mental health and wellness programs \$ _____
- Case management and benefits navigation \$ _____
- Other: _____ \$ _____

Expected Outcomes:

Number of veterans to be served: 1 _____

Reduce homelessness among veterans by _____%

Provide _____ meals per month

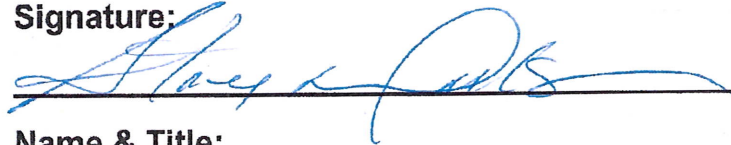
Ensure _____ veterans receive transportation to medical care

Ensure _____ veterans receive navigation to benefits and other resources

Other _____

By signing this request, you are certifying that funds (if received) will be used for the purposes described herein and that you are authorized by law or other appropriate instruments to submit this application and that all information contained herein is true and accurate to the best of your knowledge.

Signature:



Name & Title:

Stacie Walls -Adjutant/ Paymaster

Date:

04/29/26

All applications will be reviewed and decided upon by the El Dorado County Veterans Affairs Commission. Funding decisions will be communicated directly from the Commission. Please route questions to Veterans.Questions@edcgov.us.