

Veterans' TOT 2026 Grant Application

Deadline : April 23, 2026 at 11:59 PM PDT(Midnight) - CLOSED

Applicant Information

Name: STACIE WALLS
Email: [REDACTED]
App ID: 05820140
Status: Submitted
Cycle: None
Last Modified: Apr 17 2026 22:44 PDT by [REDACTED]
Last IP Address: [REDACTED]
Common App: 2026 COMMON APP for EDCF grants

Organization Information

Organization Information

Legal Name of Organization SSgt Sky Mote Det 697

**Mailing Address- Street number and name OR PO
Box**

PO Box 591

City	Shingle Springs
State	CA
Zip Code	95682
Phone Number	[REDACTED]
Organization's Website Address	4641 Neef Lane
Attach your organization's logo.	Mcleaguelogo.jpg
Grant contact name	[REDACTED]
Grant contact email address	[REDACTED]
Executive Director/ CEO/ President	Joseph Thuesen
Executive Director email address	[REDACTED]

Please provide names and titles of your primary board of directors: board president, board secretary, & board treasurer only.

Joseph Thuesen- Commandant (Board President)
Stacie Walls- Adjutant (Secretary) and Paymaster (Treasurer)

Year Incorporated	1994
Number of paid staff	0.00
Number of volunteers	75.00

Mission Statement

The Mission of the Marine Corps League is to preserve the interests and traditions of the United States Marine Corps, strengthen the fraternity of Marine and their families, serve Marines and FMF Navy Personal. Through various programs and initiatives the Marine Corps League actively participates in community service supporting veterans and their families and contributing to local and national causes

Fiscal Agent's confirmation letter- this is only needed if the community based organization that is applying is using a Fiscal Agent (because they are not their own nonprofit). Fiscal Agent must write a letter stating that they are taking fiscal responsibility of the grant funds on the community-based organization's behalf if they are granted funds. Fiscal Agents will keep specific program related funds restricted/accounting separate for this particular project request.

Fiscal Agent letter must be dated within 90 days of the grant submittal.

Is Your Non-Profit in Good Standing?

EIN or TIN



Attach the IRS Determination letter that contains your organization's Employer Identification Number AND verifies that your organization has been given 501c3 status.

MCL irs LETTER.jpg

Click on this link for the IRS database to find your organization. Please take a screenshot of the page that shows your organization name and the IRS filings for the past year(s). This page should show that your organization has filed its 990, 990EZ or 990N in the past three years at least once.

MCL 199N.pdf

THIS SECTION IS REQUIRED unless organization is a faith based organization, a government entity or a Native American Tribe recognized by the federal government.

Visit the CA Secretary of State website and search for your organization. Take a screenshot of that page that shows your organization is active and up-to-date with your statement of information.

If your entity is registered in a state other than California, please provide a screenshot of your state's registration entity proving your active and up-to-date status. Also, your organization should be registered in CA if you are doing business in CA (like applying for these funds:)).

Sec of state filling.jpg

THIS SECTION IS REQUIRED unless organization is a faith based organization, a government entity or a Native American Tribe recognized by the federal government.

Lastly, visit the CA Department of Justice website to verify your organization's registration. Search for your organization , and take a screenshot of the page that shows your organization name, and that its registration with the Department of Justice is CURRENT. Upload this screenshot here.

MCL DOJ.jpg

All organizations that "do business in California" are required to file annually with the CA DOJ.

THIS SECTION IS REQUIRED unless organization is a faith based organization, a government entity or a Native American Tribe recognized by the federal government.

Grant Information

Grant Information

Grant Title: please create a title that describes what your grant is requesting

MCL DSO

Grant Request SUMMARY: In 300 words or less please provide a summary that describes the program/project that your organization is requesting funds for.

Our Detachment Service Officer (DSO) will use the funds for immediate low income or struggling Veteran needs- emergency or transitional housing/home repairs or disability needs at the home/ vehicle repairs and DMV, utility costs, In custody Veterans and Veterans Court

Grant Amount Requested

\$ 10000

Geographic Area Served by this Grant

East and West slope of El Dorado County

What is the need that your project/program that you are requesting funds for supports?

We encounter a number of low income/ homeless Veterans and their families in El Dorado County. Most of them are unable to pay in full for basic needs- vehicle repairs, home repairs, utilities, rent, new disability needs (ramps) in the home etc. This funding will ensure that our Veterans are afforded some assistance in those needs.

Unfortunately the needs are ever evolving and changing- We know of one disabled service connected Veteran that was doing very well medically, then had a medical complication that necessitated the emergency install of a ramp to his home and the install of a wheelchair carrier onto his vehicle.

Please provide information (DATA) demonstrating the need exists for VETERANS in El Dorado County.

Our Detachment Service Office works closely within the 8 congressionally chartered Veterans organizations, the County Veteran Service officer, The Military Family Support Group and a number of other Veteran related entities within our county to assist Veterans in need. Funding for those Veterans in need is usually a collaboration of all entities working together.

The Marine Corps League has only in the past been able to provide \$1000.00 in funding to our DSO to assist our local Veterans and it is usually spent within months ie:: set of tires \$700.00, DMV owed fee's - \$250.00

How will this program/project in this grant request address the need described above?

With added grant funds we will be able to assist more Veterans in our community get back on track to being self supportings and/ or provide emergency medical needs (installing ramps at the home/ wheelchair carrier on vehicle).

**How is your organization suited to meet this need?
Please describe how organization's mission aligns with the need and the program/project that funding is being requested for.**

The Marine Corps League mission is to assist Veterans in need of services by either direct involvement or if we are unable directing to those that can assist them.

What is the grant timeline and major milestones of this project?

Please remember, if your grant is approved, funding must be spent within a year.

Due to the number of requests for assistance, we believe the funding will be utilized within the set time frame.

We anticipate assisting up to 10 veterans for certain needs- vehicle repairs/ assistance with emergency house/ utilities etc.

What are the measurable objectives of the project/program that you are requesting grant funds for?

Assisting our locate Veterans with unanticipated expences- vehicle, medical, utilities so they are still able to be self sustaining.

How will the objectives be measured?

At least 10 veterans assisted with unanticiptated expences, and little to no funds left from the grant

What is the number of un-duplicated veterans to be served if this grant is funded? 10

What percentage of your total clientele are veterans? 100

How will you confirm/show proof of a veteran's status? Please be very specific...this data may be asked for in the final report

We do have an "intake form" that is required to be filled out for every Veteran requesting service by our Judge Advocate and verify their DD214 (seperation paperwork from the military) We keep a copy of the intake form only as the DD214 does have PPI information on it

What is the anticipated impact of the project?

More of our Veterans becoming financially stable- not behind on their bills, and providing much needed handicapped access to their homes.

How will you measure the impact of this project/program?

A minimum of 10 Veterans receiving assistance to keep current with their utilities and assisting with payment for medical needs/ ramps.

Is the project/program you are requesting funds for an ongoing program or project? If so, please describe how funding will be found to continue the project upon completion of this grant cycle.

What determines if your program/project continues on in regards to impact?

Our program continues every year- but with a much smaller budget (\$1000.00)

Grant Budget

Grant Program Revenue

Veteran's Grant Amount Requesting	\$ 10000
Other Contributions	
Fundraising revenue	\$ 1000
Total Revenue	\$ 11000

Grant Program Expenditures

Staff salaries, wages and benefits	\$ 0
Occupancy and utilities	\$ 0
Equipment	\$ 0
Supplies, materials and printing	\$ 0
Travel and meetings	\$ 0
Marketing and advertising	\$ 0
Staff and volunteer training	\$ 0
Contract services	\$ 0
Other	\$ 0
Total Expenditures	\$ 0

Budget Narrative

Budget Narrative

We do participate in fundraising. The funds we raise for the detachment (Under \$17,000 in 2025) are used for taxes, dues, recruitment, schorships, Veteran service Officer events and funerals/memorials for the Marines that we have lost. We are only able to budget \$1000.00 for the Detachment Service Officer to assist Veterans

Submit Grant Application

Signature and Affirmation

By entering your full name below, you certify that all information is true and correct to the best of your knowledge.

Stacie L. Walls



Confirmation

[Privacy Policy](#)

Print this page for your records. The Confirmation Number below is proof that you successfully filed your 199N e-Postcard.

We received your 199N e-Postcard on 7/24/2025 6:41:33 PM.

Confirmation Number: 00000191180320514

Entity ID:

[REDACTED]

Entity Name:

MARINE CORPS
LEAGUE SSGT
SKY MOTE
DETACHMENT
#697

Account Period Information

Account Period

Beginning:

7/1/2024

Account Period

Ending:

6/30/2025

This is not your entity's first year in business.

Your entity has not terminated or gone out of business.

Your entity has not changed the account period.

Gross Receipts: \$17657

This is not an amended return.

An IRS Form 1023/1024 is not pending.

Entity Information

FEIN:

[REDACTED]

Doing Business

As:

MCL SSGT SKY

MOTE DET 697

Website

Address:

Entity's Mailing Address

[REDACTED]

Principal Officer's Information

[REDACTED]

Contact Information

Name:

STACIE WALLS