



IMPACT FUNDING REQUESTS

NORTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS

SFN 62010 (08-2021)

This form must be accompanied by a completed Grant Application (SFN 54410).

Today's Date

APPLICANT INFORMATION

Name	Social Security Number	Telephone Number	
Email Address	Resident of North Dakota <input type="checkbox"/> Yes <input type="checkbox"/> No	DD-214 <input type="checkbox"/> Included <input type="checkbox"/> Forwarding	
Address	City	State	ZIP Code

PAYEE INFORMATION

Name	Attention		
Address	City	State	ZIP Code
Will Accept Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Will Accept Credit Card <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number	

Clear Explanation of Situation and Events that led to it

Clear Explanation of What is Needed and When

List Resources Applied for (which agencies will help and which are exhausted, and why)

Your social security number is requested to enable the ND Department of Veterans Affairs to conduct a check for VA Benefits and to verify military service pursuant to N.D.C.C. sections 37-14-01.1 and 37-14-14. The individual's social security number will be used as an identification number. Disclosure of your social security number is mandatory. If you do not provide your social security number, the ND Department of Veterans Affairs will be unable to verify required information and will decline to process your application.

Clear plan that will leave the applicant in a good position to continue without further assistance.

I attest the information contained in this form is true and accurate to the best of my knowledge.

Name of Representative	Title
Telephone Number	Email Address

Return Completed Form to:

Department of Veterans Affairs
4201 38th Street SW, Suite 104
Fargo, ND 58104-7535
Telephone: 701-239-7165
Fax: 701-239-7166
www.nd.gov/veterans

<input type="checkbox"/>	Veteran's Service Office		
	Address		
	City	State	ZIP Code