



National Headquarters  
3725 Alexandria Pike  
Cold Spring, KY 41076  
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## **MEMORANDUM**

TO: National Officers  
Departments and Chapters  
Hospital Service Coordinators

FROM: J. Marc Burgess, National Adjutant

SUBJECT: **2019 DAV Transportation Network & Columbia Trust Grant Application**

DATE: October 29, 2018

We are pleased to announce the availability of vehicles in conjunction with the DAV Transportation Network. Attached is the DAV Transportation Network Vehicle Information Summary, which includes a description, total cost and minimum share requirements for the following vehicles:

- Ford Flex SE Series 7-Passenger
- Ford Flex SE Series AWD 7-Passenger
- Ford Transit Connect 7-Passenger
- Ford Transit Wagon Van (T-150) 10-Passenger
- Ford Transit Wagon Van (T-350) 12-Passenger

Please keep in mind the following very important items before considering an application for DAV Transportation Network vehicles:

- Availability of volunteer drivers
- You must verify with the Department of Veterans Affairs Medical Center (VAMC) Director that the vehicle will be accepted

Please also note that minimum shares are determined annually based upon fleet pricing received from Ford Motor Company.

Departments and Chapters are encouraged whenever possible to pay the full cost of the vehicle(s). However, when sufficient financial resources are not available, the National Service Foundation (NSF) may assist with a grant from The Columbia Trust.

Enclosed is The Columbia Trust application that all Departments and Chapters applying for a vehicle(s) must submit. The application deadline, even if the full cost is being paid by the Department/Chapters, is **Friday, December 14, 2018**. Please use the instructions attached to the application to assist you in filling out the form.

The application must be returned to:

DAV Transportation Network  
Voluntary Services, National Headquarters  
3725 Alexandria Pike  
Cold Spring, KY 41076

The application may also be submitted via FAX to (859) 442-2088, or email to [VAVS@dav.org](mailto:VAVS@dav.org). Attention: DAV Transportation Network.

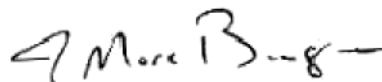
Departments and Chapters that apply for a grant through The Columbia Trust should review the attached Trust background information and guidelines for submitting grant applications.

Each grant request is reviewed on an individual basis, with the final determination based upon a demonstrated need and the financial resources available to the respective Department and Chapter(s).

If your application for DAV Transportation Network vehicles is approved, Department and Chapter(s) share of the cost must be received by **April 5, 2019**. Even if no grant request has been made, please do not send payment until you have received your final approval letter. If checks are received prior to final approval, they may be returned.

The delivery of the vehicles is expected in late spring of 2019. Please contact the Voluntary Services Department, at (859) 441-7300 ext. 3231, if you have any questions concerning the 2019 DAV Transportation Network Program.

Thank you for your continued commitment to this vital and most successful service program.



J. Marc Burgess  
National Adjutant

JMB: cjk  
Attachments

cc: Sabrina C. Clark, Director, Voluntary Service Office  
Department of Veterans Affairs, VA Central Office, Washington, DC

**2019 DAV TRANSPORTATION NETWORK  
VEHICLE INFORMATION SUMMARY**

The DAV Transportation Network Program (DAV TN) has been a tremendous success. As of 2018, 3,294 vehicles have been purchased and donated to Department of Veterans Affairs Medical Centers (VAMCs). Our dedicated volunteer drivers have traveled 717,288,217 miles; that is equivalent to 28,806 trips around Earth. The contributions made by Departments and Chapters to this most worthwhile program have been the major factor in the program's success.

**Please remember that prior to submitting the 2019 DAV TN Vehicle Application, you must verify that officials at the VAMC are willing to accept the donation of a vehicle(s) for use in conjunction with the DAV TN conducted at their facility.**

The following is a description, specifications and minimum share requirement amounts for each of the vehicles that will be available for purchase in 2019.

Additionally, there will be a limited number of **Ford Flex All Wheel Drive vehicles** available **only** to those Departments and Chapters that encounter hazardous road conditions while driving DAV TN routes which necessitate the use of an all-wheel drive vehicle. Each request for an all-wheel drive vehicle will be carefully reviewed to ensure the actual need. Following this review, we may ask that Departments and Chapters amend their order.

**VEHICLE SPECIFICATIONS**

<u>DESCRIPTION</u>	<u>FULL COST</u>	<u>DEPARTMENT/CHAPTER MINIMUM SHARE (for 2019 only)</u>
2019 Ford Flex 7-Passenger	\$26,101.00	\$14,356

2019 Flex Features:

- Engine – 3.5L Ti-VCT V6
- Transmission – 6-Speed SelectShift® Automatic
- 19 Gallon Fuel Tank
- Independent Front & Rear Suspension
- Charcoal Black Cloth Seats

<u>DESCRIPTION</u>	<u>FULL COST</u>	<u>DEPARTMENT/CHAPTER MINIMUM SHARE (for 2019 only)</u>
2019 Ford Flex AWD 7-Passenger	\$30,364.00	\$16,701

2019 Flex AWD Features:

- Engine – 3.5L Ti-VCT V6
- Transmission – 6-Speed SelectShift® Automatic
- 19 Gallon Fuel Tank
- Independent Front & Rear Suspension
- Charcoal Black Cloth Seats
- All Wheel Drive

<u>DESCRIPTION</u>	<u>FULL COST</u>	<u>DEPARTMENT/CHAPTER</u> <u>MINIMUM SHARE</u> (for 2019 only)
2019 Ford Transit Connect 7-Passenger	\$25,097.00	\$13,804

2019 Transit Connect Features:

Engine – 2.0L GDI 1-4  
Transmission – 8-Speed SelectShift® Automatic Overdrive  
15.8 Gallon Fuel Tank  
120.6” Long Wheelbase  
Charcoal Cloth Seats  
Rearview Camera

<u>DESCRIPTION</u>	<u>FULL COST</u>	<u>DEPARTMENT/CHAPTER</u> <u>MINIMUM SHARE</u> (for 2019 only)
2019 Ford Transit Wagon Van (T-150) 10-Passenger	\$33,928.00	\$18,661

2019 Transit Wagon Van (T-150) Features:

Engine – 3.5L Ti-VCT V6  
Transmission – 6-Speed SelectShift® Automatic Overdrive  
25 Gallon Fuel Tank  
130” Regular Wheelbase  
Medium-roof  
Rearview Camera  
Back Up Alarm  
Charcoal Cloth Seats

<u>DESCRIPTION</u>	<u>FULL COST</u>	<u>DEPARTMENT/CHAPTER</u> <u>MINIMUM SHARE</u> (for 2019 only)
2019 Ford Transit Wagon Van (T-350) 12-Passenger	\$36,105.00	\$19,858

2019 Transit Wagon Van (T-350) Features:

Engine – 3.5L Ti-VCT V6  
Transmission – 6-Speed SelectShift® Automatic Overdrive  
25 Gallon Fuel Tank  
148” Long Wheelbase  
Medium-roof  
Rearview Camera  
Back Up Alarm  
Charcoal Cloth Seats

**DAV TRANSPORTATION NETWORK PROGRAM**  
 (Enter # of volunteer Drivers at above facility)

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NUMBER OF VEHICLES CURRENTLY IN OPERATION	VEHICLE STATIONED (PARKED) AT ABOVE VAMC?	IF NO, LOCATION WHERE THIS VEHICLE IS OUT-STATIONED (parked) : <i>(Include City and State)</i>	<u>STATISTICS</u>			
			MAKE/MODEL	YEAR	VIN NUMBER	ODOMETER/MILEAGE
	YES NO					
	YES NO					
	YES NO					
	YES NO					
	YES NO					
	YES NO					
	YES NO					
	YES NO					
	YES NO					
	YES NO					
• TOTAL NUMBER OF VEHICLES CURRENTLY IN USE AT ABOVE VAMC						

Please photocopy and attach additional pages as needed.

# THE COLUMBIA TRUST

## Instructions

The DAV Transportation Network Program *Summary of Operations* should be completed in advance of the DAV Transportation Network Program *Application*.

**Part A**

If you are applying on behalf of a Chapter, you should provide the Chapter's name, Department name, mailing address, telephone number, fax number and email address. If you are submitting the application on behalf of a Department, you should provide the mailing address, telephone number, fax number, and email address.

Enter the date of the Application submission.

Determine the amount of the grant requested using the provided formula. Multiply \$26,101.00 by the total number of **Flex 7-passenger 4 x 2** vehicles requested; multiply \$30,364.00 by the total number of **Flex 7-passenger AWD** vehicles requested; multiply \$25,097.00 by the total number of **Transit Connect 7-passenger** vehicles requested; multiply \$33,928.00 by the total number of **T-150 Transit Wagon Vans 10- passenger** vehicles requested; \$36,105.00 by the total number of **T-350 Transit Wagon Vans 12- passenger** vehicles requested. Add the 5 numbers to obtain a Subtotal. Using that figure, subtract the Total Proposed Share Amounts from all sources as indicated in the last column in **Part C**.

Worksheet:	<u>\$26,101.00</u>	x	<u>(# of 7-passenger Flex 4x2)</u>	+	\$ _____
	<u>\$30,364.00</u>	x	<u>(# of 7-passenger Flex AWD)</u>	+	\$ _____
	<u>\$25,097.00</u>	x	<u>(# of 7-passenger Transit Connect)</u>	+	\$ _____
	<u>\$33,928.00</u>	x	<u>(# of 10-passenger T-150 Transit Wagon)</u>	+	\$ _____
	<u>\$36,105.00</u>	x	<u>(# of 12-passenger T-350 Transit Wagon)</u>	+	\$ _____
SUBTOTAL				=	\$ _____
Subtract the Total Proposed Share Amounts				-	\$ _____
TOTAL AMOUNT OF GRANT REQUESTED				=	\$ _____

Provide the name and telephone number of the contact person in the event that additional information is required.

**Part B**

Check the box to verify that the vehicle(s) will be donated to a VAMC(s) in accordance with the DAV Transportation Network Program and confirm that the VAMC Director(s) agree to accept the vehicle(s).

**Part C**

Make copies of the worksheets provided in **Part C** to utilize as rough drafts and/or to attach for additional lines (as needed for requests of more than four vehicles.)

Under the appropriate type (7-passenger Flex, 7-passenger Flex AWD, 7-passenger Transit Connect, 10-passenger Transit Wagon, 12-passenger Transit Wagon) write in the number of vehicle(s) requested for use at the specific VAMC.

In the next column, provide the city and state of the VAMC that will accept the vehicle(s). Indicate the actual location of the VAMC.

Circle "YES" if the vehicle(s) will be parked (stationed) at the VAMC. If the vehicle(s) will be assigned to a location other than the VAMC, circle "NO" and write in the location where the vehicle(s) will be parked (out-stationed).

In the first column of the **PROPOSED SHARE AMOUNT(S)** section, provide the total amount the Department will contribute toward the purchase of the vehicle(s) for use at the indicated VAMC.

For your reference:

#### 2019 MINIMUM SHARE AMOUNTS

\$14,356 for each 7-passenger Flex 4x2  
\$16,701 for each 7-passenger Flex AWD  
\$13,804 for each 7-passenger Transit Connect  
\$18,661 for each 10-passenger Transit Wagon  
\$19,858 for each 12-passenger Transit Wagon

In the next column of the same section, provide the amount(s) that all Chapter(s) will contribute toward the purchase. If more than one Chapter is involved with purchasing the vehicle(s), itemize each Chapter's contribution individually. If it is not possible to break out the contributions individually, please enter the combined total amount being contributed by all Chapters, and list the Chapters involved. If a Chapter(s) is involved but is not providing any funding, indicate zero in the **Chapter Amount(s)** column and write in the Chapter # in the corresponding space.

In the last column of the **PROPOSED SHARE AMOUNT(S)** section, itemize any funds being provided from other sources, such as Auxiliary Units or community sources, and list the name and amount of the other source on the line provided. If more than one "other source" is providing funding, write the total dollar amount from all "other sources" in the block and write in "see back" on the source name line above the total amount. Individually list each source and their corresponding amounts on the back of the page.

At the end of **PART C** in the shaded areas, show the total number of vehicles requested by type (7-passenger Flex 4x2; 7-passenger Flex AWD vehicle; 7-passenger Transit Connect; 10-passenger Transit Wagon or 12-passenger Transit Wagon). Moving across the same line to the shaded areas, show the total for each of the four columns reflecting the total amounts that will be contributed by the Department, Chapter(s) and other sources. Finally, add the four shaded columns to calculate the **TOTAL SHARE AMOUNT** from all sources. Write that amount on the last line of **PART C**.

#### Part D

If applying on behalf of a Chapter, the Chapter's Commander and Adjutant must certify by signing on the appropriate lines. If more than one Chapter is involved, copy **PART D** and obtain the signatures of each Chapter's Commander and Adjutant, as appropriate. The application should be forwarded to the Department for appropriate signatures.

If the application is being submitted on behalf of a Department, the Department's Commander and Adjutant must certify by signing on the appropriate lines.

Confirm that all forms are signed accordingly. Unsigned forms will be returned to the applicant resulting in a processing delay.

#### Part E

Maintain a copy of all documents for your records.

Ensure that a current Annual Financial Report (AFR) is on file at DAV National Headquarters in accordance with Articles 8 and 9 of the National Bylaws. Please note that applications for a Columbia Trust grant cannot be considered until the AFR has been filed and approved by National Headquarters. If you are not required to file an AFR under provisions of the National Bylaws, please attach a copy.

Submit the completed application materials via postal mail to the following address before December 14, 2018.

DAV Transportation Network  
Voluntary Services, National Headquarters  
3725 Alexandria Pike  
Cold Spring, KY 41076

Questions or comments regarding the DAV Transportation Network Program can be directed to Voluntary Services by phone: (859) 441-7300 ext. 3231 or by email: [VAVS@dav.org](mailto:VAVS@dav.org). Questions or comments regarding the Columbia Trust Application can be directed to the Foundation's business office by phone: (859) 441-7300 ext. 3317 or by email: [nsf@dav.org](mailto:nsf@dav.org).

# THE COLUMBIA TRUST DAV TRANSPORTATION NETWORK PROGRAM

## Grant Application

The DAV Transportation Network Program *Summary of Operations* should be completed in advance of the DAV Transportation Network Program *Application*.

**NOTE:** In order to process the grant application it is mandatory that the current Annual Financial Report(s) is on file at the DAV National Headquarters in accordance with Articles 8 and 9 of the National Bylaws or attached if not required under provisions of the National Bylaws.

### Part A

The following Chapter and/or Department hereby applies for a vehicle(s) to carry out responsibilities of the Transportation Network Program in its local region.

CHAPTER NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

**Total Amount of Grant Requested:**

\$ \_\_\_\_\_

Please list the person authorized to provide information regarding this application:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

(Please Print)

### Part B

The vehicle(s) requested will be donated to a VA Medical Center to be used in the DAV Transportation Network. The VAMC Director agrees to accept the vehicle(s).

YES  NO



**Part C**

TYPE AND NUMBER OF VEHICLES REQUESTED					THE VA MEDICAL CENTER DIRECTOR WILL ACCEPT DONATION OF THIS VEHICLE FOR USE AT THE FOLLOWING VAMC:  (Include City, State)	WILL THIS VEHICLE BE PARKED AT THAT VAMC?	IF NO, WHERE WILL THIS VEHICLE BE PARKED?  (Include City, State)	PROPOSED SHARE AMOUNT(S)  INDICATE THE FOLLOWING AMOUNTS THAT ARE BEING CONTRIBUTED TOWARD THE PURCHASE OF THE VEHICLE(S).  (These amounts should be the MAXIMUM that each source can contribute based upon financial availability.)			
Flex 7-Pass 4 x 2	Flex 7-Pass AWD	Transit Connect	Transit 10-Pass	Transit 12-Pass				Department Amount	Chapter Amount(s)	Chapter #	Other Sources (if any)
						YES NO		\$ _____	\$ _____ \$ _____ \$ _____	# _____ # _____ # _____	Source Name: _____ \$ _____
						YES NO		\$ _____	\$ _____ \$ _____ \$ _____	# _____ # _____ # _____	Source Name: _____ \$ _____
						YES NO		\$ _____	\$ _____ \$ _____ \$ _____	# _____ # _____ # _____	Source Name: _____ \$ _____
						YES NO		\$ _____	\$ _____ \$ _____ \$ _____	# _____ # _____ # _____	Source Name: _____ \$ _____
						YES NO		\$ _____	\$ _____ \$ _____ \$ _____	# _____ # _____ # _____	Source Name: _____ \$ _____
					<b>TOTAL NUMBER OF VEHICLES REQUESTED</b> (add each column down)		<b>TOTAL \$ OF EACH COLUMN</b> (add each column down)	\$ _____	\$ _____ \$ _____ \$ _____	# _____ # _____ # _____	\$ _____

Note: Total Share Amount must be equal to or more than the minimum share amount per vehicle.

**Total Share Amount from Above Sources: \$ \_\_\_\_\_**  
(Add together the totals from the gray rows above.)

**Part D**

**Grant Applications must be certified by the Department and all applicable Chapters for submission. Incomplete applications will not be accepted and will be returned to the applicant.**

The undersigned, on behalf of the Chapter(s) and/or Department, certifies the information provided herein and agrees to the concept and terms of applying for and accepting grants from The Columbia Trust.

It is further understood that the financial condition of the Chapter(s) and/or Department is a major controlling factor in the assessment of the Grant Application, including, in the case of a Chapter, the financial condition of its Department, and the ability of the Department to finance, or contribute to the funding of the project.

In addition, the undersigned recognizes that in the event of the grant of all or part of the request, neither the DAV National Service Foundation and its Columbia Trust Advisory Committee, the DAV National Organization, nor any officer or employee of the foregoing shall become a party to, or responsible for, any contractual arrangement, verbal or written, arising from such grant.

The undersigned agree on behalf of the Chapter(s) or Department to execute accountability reports as may be required by The Columbia Trust and/or DAV National Headquarters.

_____	_____	_____	_____	_____
Chapter #	<i>Signature - Chapter Commander</i>	<i>Date</i>	<i>Signature - Department Commander</i>	<i>Date</i>
	_____	_____	_____	_____
	<i>Signature - Chapter Adjutant</i>	<i>Date</i>	<i>Signature - Department Adjutant</i>	<i>Date</i>

**Part E**

Submit application and attachments to:

**DAV Transportation Network  
Voluntary Services, National Headquarters  
3725 Alexandria Pike  
Cold Spring, KY 41076**

**Email: [VAVS@dav.org](mailto:VAVS@dav.org) or Fax: (859) 442-2088**