

**State of Colorado**  
**Department of Military and Veterans Affairs**  
**MILITARY FUNERAL HONORS STIPEND (MFHS)**

*Local units of congressionally chartered Veterans Service Organizations (VSOs) or their auxiliaries may receive funding to provide stipends to honor guards and students who perform Full (flag folding, rifle detail, and Taps) or Basic (flag folding and Taps) military funeral honors for eligible veterans buried in national, state or private cemeteries.*

**VSO Eligibility Requirements and Instructions for MFHS:**

- ✓ VSO must submit a copy of their congressional charter to the Stipend Program manager to prove eligibility.
- ✓ Register as a state supplier at Access Colorado: <https://osc.colorado.gov/spco/accesscolorado> and receive a vendor ID number. Once acquired, provide the vendor ID number to the Stipend Program manager to complete registration in the program.  
Instructions on how to obtain your current or new vendor ID number can be found at: <https://osc.colorado.gov/spco/accesscolorado>. For additional assistance, please contact the Vendor Self Service (VSS) helpline at (303)866-6464.
- ✓ Download and complete the MFHS application.
- ✓ Verify the veteran's discharge was Honorable or Under Honorable Conditions. Contact your County Veterans Service Officer if needed. **DO NOT attach DD-214s.**
- ✓ Honor guards receive \$75 for the first service and \$30 for up to four additional services per day (max \$195/day). Reimbursements depend on available funds.
- ✓ Submit all requests within 15 days of the honors service.
- ✓ Send complete applications to:
  - Email: [HonorGuardStipend@dmva.state.co.us](mailto:HonorGuardStipend@dmva.state.co.us)
  - Fax: 970-257-7450

## **MILITARY FUNERAL HONORS STIPEND PROGRAM APPLICATION**

By completing and signing this application to request MFHS funds the VSO affirms:

- Veteran received either Full (flag folding, rifle detail, Taps) or Basic (flag folding, Taps) Military Honors, performed acceptably.
- All paperwork must be complete, accurate, and signed by the appropriate authority. *Incomplete or illegible applications will delay processing.*

### **VSO PERFORMING HONORS**

Honor Guard Unit: \_\_\_\_\_ Vendor #: \_\_\_\_\_

Complete Official Unit Address: \_\_\_\_\_

Point of Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of National Guard Leader: \_\_\_\_\_ Date: \_\_\_\_\_

### **DECEASED VETERANS' INFORMATION**

Name of Veteran Last: \_\_\_\_\_ First: \_\_\_\_\_ M: \_\_\_\_\_

Date Honors Performed: \_\_\_\_\_

City and County of Honors Ceremony: \_\_\_\_\_, \_\_\_\_\_

Branch of Service:

\_\_\_ Merchant Marines \_\_\_ U.S. Air Force \_\_\_ U.S. Army

\_\_\_ U.S. Coast Guard \_\_\_ U.S. Marines \_\_\_ U.S. Navy \_\_\_ U.S. Space Force

### **FUNERAL DIRECTOR OR CEMETARY REPRESENTATIVE:**

First: \_\_\_\_\_ Last: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **FOR OFFICIAL USE ONLY**

#### **PAYMENT INFORMATION**

Intake Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Entered By: \_\_\_\_\_ Invoice #: \_\_\_\_\_