



Grant Application

Date: _____ Estimated Cost of Project : _____ Amount Requested: _____

Organization: _____

Contact: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Purpose of Grant: (Must be for a capital improvement or project; no operating expenses.)

Project Timetable: _____

If amount requested is less than total, how will difference be made up? _____

Please indicate whether your organization can assist with the recruitment of players, sponsors and favors for the players. _____

Attached: (In triplicate) - Grant Application

Attached: (One only) - Tax exempt 501 (c) (3) status documentation
- Current annual report including a recent end of year operating statement
- Current Board of Directors

MAIL TO: Sour Mash Memorial, Post Office Box 5147, Vienna, WV 26105

Applications must be received by June 19, 2015

Recipients of 2014 Sour Mash Memorial funds are ineligible for 2015 funds.