

**Grant Application**

**Date: enter date. Estimated Cost of Project: enter cost. Amount Requested: amt rquested**

**Organization: enter organization.**

**Contact: enter contact. Title: enter title.**

**Mailing Address: enter address.**

**City: Click city. State: enter state. Zip: enter zip.**

**Telephone: enter number. Fax: enter number. Email: enter email.**

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

**Project Timetable: enter text.**

**If amount requested is less than total, how will difference be made up? enter text.**

**Please indicate whether your organization can assist with the recruitment of players, sponsors and favors for the players: enter text.**

**Attached:**  - Grant Application

**Attached:** - 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 May 27, 2016**

*Recipients of 2015 Sour Mash Memorial funds are ineligible for 2016 funds.*