

Robert H. Mollohan Family Charitable Foundation, Inc.
Community Grant Program
~ 2010 Application ~

Organization Name: _____

Organization Address: _____

Contact Name: _____

Telephone & Fax Numbers: _____

Email Address: _____

Website Address: _____

Requested Amount: _____

Funds requested for (*please give very brief description, i.e. buy software for computer lab, establish health and wellness program, buy new band instruments, etc.*):

Does your organization have tax-exempt status with the IRS and, if so, what is the status (ex. 501 (c) (3))? _____

Please include the following about your organization with your application:

- The primary mission and purpose of your organization
- A brief history about your organization
- Some current goals and budget information (revenue and expenses)
- Why funding is needed and how the funding will be used. Please be specific.

Please return the completed application along with additional information to:

Robert H. Mollohan Family Charitable Foundation, Inc.
c/o Aime L. Shaffer
1000 Technology Drive, Suite 2000
Fairmont, WV 26554

Signature of Executive Director / Program Leader

Date