

**Robert H. Mollohan Family Charitable Foundation, Inc.**  
**Community Grant Program**  
**~ 2009 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.*):

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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:**

- 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

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Signature of Executive Director / Program Leader

Date