

**Robert H. Mollohan Family Charitable Foundation, Inc.**  
**Community Grant Program**  
**~ 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))? \_\_\_\_\_

**Required, but not limited to, information about your organization to accompany application:**

- The primary mission and purpose of your organization
- A brief history about your organization
- Current goals and budget information (revenues and expenses; current and/or expected sources of income; and/or any information in regards to financial standing)
- Why funding is needed and how the funding will be used. Please be specific and if possible line item the proposed spending (i.e. purchase five computers at \$500 each; buy sixteen iPod touches at \$200 each; etc.)

*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