



**ARIPPA AMD/AML RECLAMATION
AWARD**

GRANT APPLICATION COVER PAGE

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|---|--------------------------|
| DATE: | PROJECT TITLE: |
| ORGANIZATION NAME: | |
| NAME OF THE TAX-EXEMPT ORGANIZATION TO WHICH FUNDS WILL BE DISTRIBUTED, IF DIFFERENT FROM THE ORGANIZATION ABOVE (PASS-THROUGH AGENT): | |
| ORGANIZATION OR PASS-THROUGH AGENT'S FEDERAL EMPLOYEE ID NUMBER OR TAX ID NUMBER: | |
| GEOGRAPHIC AREA THE PROJECT WILL AFFECT (PLEASE ATTACH MAP, IF AVAILABLE) | |
| WATERSHED: | COUNTY: |
| MUNICIPALITY (IES): | |
| PROVIDE A ONE-SENTENCE DESCRIPTION OF THE PROJECT: | |
| BEGINNING AND END DATES OF PROJECT: | AMOUNT REQUESTED: |

CONTACT INFORMATION FOR ALL GRANT-RELATED CORRESPONDENCE

| | |
|--------------------------------|-----------------------|
| CONTACT NAME AND TITLE: | |
| ADDRESS: | |
| DAYTIME PHONE: | EVENING PHONE: |
| FAX NUMBER: | E-MAIL: |

Application Format & Checklist

| Check Box | Item No. | Item | Description |
|-----------|----------|---|---|
| | 1 | Grant Application Cover Page & Checklist | A “fill-in PDF” form available with the application instructions. |
| | 2 | Executive Summary | Provides background about organization, projects, goals, and objectives. |
| | 3 | Project Description | Provides a detailed narrative of project. |
| | 4 | Budget Narrative | Specific information regarding budget expenditures. |
| | 5 | Project Timeline | Outlines the project’s timeline, including start date, expenditure dates, and expected tangible outcome dates. |
| | 6 | List of Officers | A list of the organization’s officers and/or board members and their addresses. |
| | 7 | IRS 501(c)(3) Determination* | A copy of the organization’s IRS 501(c)(3) determination letter or that of its pass-through agent. |
| | 8 | ARIPPA Mission Support Letter | On your organization’s letterhead, provide documentation of your organization’s support of ARIPPA’s mission, including the removal and conversion of waste coal into alternative energy and the beneficial use of CFB ash for AML/AMD reclamation |
| | 9 | Letters of Support <i>Optional</i> | Letters from the organization’s partners showing support for the proposed project. These substantiate project need and show collaboration with other organizations. |
| | 10 | Other Information <i>Optional</i> | Any literature or narrative describing the project. |

* A pass-through agent with 501(c)(3) status must administer funds for those organizations without.