

Berea College Appalachian Fund

Serving Appalachia since 1950

Grant Application Cover Sheet

Organization/Applicant name

Program name, if different

Address

City, State, Zip

Employer Identification Number (EIN)

Phone

Fax

Web site

Director's name

Title

Phone

E-mail

Application contact person

Title

Phone

E-mail

Is applicant an IRS 501(c)(3) nonprofit organization? _____ Yes _____ No

Have you received funding from the Appalachian Fund in the past? _____ Yes _____ No

Briefly describe what the funds will be used for:

Please state period of time funds will be spent: from _____ to _____

Dollar amount requested \$ _____

Appalachian Fund use only:

Total annual organization budget \$ _____

Amount approved \$ _____

Total project budget \$ _____ (if applicable)

Signature of authorized representative