



Knights of Columbus

West Virginia State Council

Carmen R. Romano, MHP Chairman

COLUMBIA MENTALLY HANDICAPPED FOUNDATION OF WV
178 Scenic Hill Drive
Bridgeport, WV 26330

APPLICATION FOR GRANT

Name of Organization _____
 Address _____

 Federal ID Number _____
 Contact Person _____
 Phone _____
 Amount of Request _____
 Purpose of Request _____

Use additional sheet(s) as necessary

Is this organization receiving matching funds from another organization for this same project? _____? If the answer is YES, please list the source and the amount of additional funds: Source

Amount _____

Please attach documentation showing that another organization has agreed to give you the funds for the project.

Please enclose a copy of the minutes of a meeting where the organization's board gave permission to request these funds.

All grantees must agree to give an accounting, on forms approved by this Foundation, of any grant funds received from this Foundation.

All applications must be received at the above address no later than April 15th of each year for consideration at the State Convention in May.

I, _____, a true representative of _____, do hereby apply for a grant, as described above. I certify that _____ is a 501(c) (3) organization, as recognized by the Internal Revenue Service. I further certify that any grant funds received will be spent on the project as described above and that we will provide an accounting of these funds on approved forms and provide any other documentation as required by the Foundation.

Signed _____
 Title _____
 Date _____