



ARIPPA AMD/AML RECLAMATION AWARD

GRANT APPLICATION COVER PAGE

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
<input type="checkbox"/>	1	Grant Application Cover Page & Checklist	A “fill-in PDF” form available with the application instructions.
<input type="checkbox"/>	2	Executive Summary	Provides background about organization, projects, goals, and objectives.
<input type="checkbox"/>	3	Project Description	Provides a detailed narrative of project.
<input type="checkbox"/>	4	Budget Narrative	Specific information regarding budget expenditures.
<input type="checkbox"/>	5	Project Timeline	Outlines the project’s timeline, including start date, expenditure dates, and expected tangible outcome dates.
<input type="checkbox"/>	6	List of Officers	A list of the organization’s officers and/or board members and their addresses.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.