





ARIPPA AMD/AML RECLAMATION AWARD

GRANT APPLICATION COVER PAGE

	TROUBET TITLE!	PROJECT TITLE:			
ORGANIZATIO	N NAME:				
		IZATION TO WHICH FU ION ABOVE (PASS-THRO	UNDS WILL BE DISTRIBUTED, IF OUGH AGENT):		
	N OR PASS-THROUGH LOYEE ID NUMBER OF				
GEOGRAPHIC .	AREA THE PROJECT W	VILL AFFECT (PLEASE	ATTACH MAP, IF AVAILABLE)		
WATERSHED:	TERSHED: COUNTY:				
MUNICIPALITY					
PROVIDE A ON	E-SENTENCE DESCRIP	PTION OF THE PROJEC	Т:		
BEGINNING AN	ND END DATES OF PRO	JECT:	AMOUNT REQUESTED:		
		ALL GRANT-RELAT	TED CORRESPONDENCE		
ONTACT NAME A		ALL GRANT-RELAT	TED CORRESPONDENCE		
ONTACT INFO ONTACT NAME A DDRESS: AYTIME PHONE:		EVENING PI			

Application Format & Checklist

Check Box	Item No.	Item	Description
			A "fill-in PDF" form available with the application instructions.
	2		Provides background about organization, projects, goals, and objectives.
	3	•	Provides a detailed narrative of project"cpf "4"f ki kscn" r j qvqu.
	4	Budget Narrative	Specific information regarding budget expenditures.
	5	_	Outlines the project's timeline, including start date, expenditure dates, and expected tangible outcome dates.
	6		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	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 from the organization's partners showing support for the proposed project. These substantiate project need and show collaboration with other organizations.
	10	Other Information Optional	Any literature or narrative describing the project.

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