



Shepherdstown
WEST VIRGINIA

**Shepherdstown
Community Grant Application**

Date:

Applicant Information

Applicant organization name:

Mailing address:

Physical address, if different:

Website:

Year organization was founded:

Organization's tax-exempt number (EIN):

Organization's total operating budget for current fiscal year:

Name/title of the organization's representative for this application:

Telephone:

Email:



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Grant Application, cont.

Brief description of the applicant's experience and qualifications for administering the grant and managing the project to be funded:

Grant Request Information

Project name:

Amount requested:

Non-grant funds and in-kind services to be provided by the applicant:

Implementation timeline, including delivery of any progress reports and the final report:

Project budget (including both grant and non-grant funds):



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Grant Application, cont.

Project Description:

Applicant's signature & date:

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