



FOUNDATION FOR  
APPALACHIAN OHIO  
Give. Grow. Create.

## Donald R. Myers Legacy Fund to Support Partnership in Appalachian Ohio

### GRANT APPLICATION

The Donald R. Myers Legacy Fund was created to support projects and activities of organizations in the 32 Appalachian counties in Ohio that improve quality of life with emphasis on concerns Mr. Myers worked so passionately to address: **education, regional networking opportunities, support for community leaders, and fulfillment of basic needs.**

DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

NAME OF CONTACT PERSON: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

EMAIL ADDRESS OF CONTACT PERSON: \_\_\_\_\_

NAME OF PROJECT: \_\_\_\_\_

TOTAL PROJECT BUDGET: \$ \_\_\_\_\_

AMOUNT OF GRANT REQUESTED: \$ \_\_\_\_\_

ESTIMATED PROJECT START DATE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS GRANT?  EODA  
 Newspaper/Other Media  
 Foundation for Appalachian Ohio communications  
 Other: \_\_\_\_\_

**Please Note: Maximum grant award is \$500. Projects where a grant award will make a significant impact on the overall budget will receive the greatest consideration.**



**BUDGET DETAILS**

**I. Tangible Items to be Purchased with this Grant** \$ \_\_\_\_\_

*Please provide general description of items:*

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**II. Publicity and Communication** \$ \_\_\_\_\_

*(if applicable)*

**III. Other Project-Related Expenses (please identify):** \$ \_\_\_\_\_

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**IV. Other Project Funding:** \$ \_\_\_\_\_

*Please list the source and amount of project funding from other sources.*

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**TOTAL PROJECT BUDGET:** \$ \_\_\_\_\_

**Will the project be able to move forward if a Donald R. Myers Legacy Fund grant is awarded or is the project dependent on pending funding sources?**

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## **APPLICATION CERTIFICATION**

The undersigned certifies that he or she is authorized by the governing or corporate body of the applicant to represent the applicant in both requesting and accepting the proposed grant funds and to the best of his or her knowledge the information contained in this application is correct.

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**Name of Authorized Representative**

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**Title of Authorized Representative**

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**Signature of Authorized Representative**

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**Date**

**Application Deadline: March 21, 2017**

Please mail or email the completed grant application to:

*Mail:*

**Donald R. Myers Legacy Fund  
Foundation for Appalachian Ohio  
Attn: Kelly Morman  
PO Box 456  
Nelsonville, OH 45764**

*Email:*

[kmorman@ffao.org](mailto:kmorman@ffao.org)

Please use "Myers Legacy Fund Application" as your subject line.

Please call the Foundation at 740.753.1111 with any questions.

**And remember to retain a copy of the completed application for your records.**

### **32 Appalachian Counties in Ohio**

**Adams, Ashtabula, Athens, Belmont, Brown, Carroll, Clermont, Columbiana, Coshocton, Gallia,  
Guernsey, Harrison, Highland, Hocking, Holmes, Jackson, Jefferson, Lawrence, Mahoning, Meigs,  
Monroe, Morgan, Muskingum, Noble, Perry, Pike, Ross, Scioto, Trumbull, Tuscarawas, Vinton,  
Washington**