

THE CAVE CONSERVANCY OF THE VIRGINIAS  
**APPLICATION for FUNDING REQUEST**

**Deadlines:**

- **February 15<sup>th</sup>**
- **September 15<sup>th</sup>**

**Please complete the applicable sections of the application and email a PDF document to:**

E-mail [CAVECV@AOL.COM](mailto:CAVECV@AOL.COM)

If there are any questions, please contact Ms Bonnie Whitlock at:

Ms Bonnie Whitlock  
PROGRAM DIRECTOR  
CAVE CONSERVANCY OF THE VIRGINIAS  
13131 Overhill Lake Lane  
Glen Allen, VA 23059

Phone (804) 798-4893  
Fax (804) 798-4894  
E-mail [CAVECV@AOL.COM](mailto:CAVECV@AOL.COM)

\_\_\_ GRANT APPLICATION CCV - For projects in Virginia and West Virginia.

Proposal Title: \_\_\_\_\_  
\_\_\_\_\_

Duration of Project: \_\_\_\_\_

Duration of Grant proposal: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Principal investigator(s) and/or affiliation:

\_\_\_\_\_  
\_\_\_\_\_

Non-technical Project Summary in 250 words or less:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Description Attachments: (3)

1. ADD: Describe the proposed work in detail (limit 5000 words). Include a background for the proposed study, significance, research plan, and bibliography. If this project is part of a larger project, please include a description of the larger project.

2. ADD: Detailed Budget Include a statement about other available funds (if any), and other organizations to which the proposal has been submitted.

3. ADD: Qualifications to do the proposed project and include a curriculum vita (use separate pages) and past performance on similar projects.

**APPLICANT INFORMATION:**

A. Principal investigator

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

B. Organization information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer Identification number \_\_\_\_\_

C. Is the applicant organized as a nonprofit organization under State laws governing charitable Organizations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what State or Commonwealth governs? \_\_\_\_\_

Does the applicant have nonprofit status within another organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what organization? \_\_\_\_\_

If yes, what State or Commonwealth? \_\_\_\_\_

Employer Identification Number \_\_\_\_\_

D. IRS Information:

Has the applicant received a ruling or determination letter from the Internal Revenue Service about any of the following:

a. Income Tax Exemption status Yes \_\_\_\_\_ No \_\_\_\_\_

b. Private Foundation Status Yes \_\_\_\_\_ No \_\_\_\_\_

c. Grant-making Procedures Yes \_\_\_\_\_ No \_\_\_\_\_

d. Donation tax status Yes \_\_\_\_\_ No \_\_\_\_\_

Attach a photocopy of each such letter(s).

E. Is the applicant controlled by, related to, connected with, or sponsored by another organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, identify the organization (including its purposes and activities), and explain the relationship:

---

---

F. List or attach the name, address, title, of each member of the applicant's governing Board:

President/Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Treasurer \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

G. Has the applicant (or any organization listed above) applied for or received a grant from this organization.

Yes \_\_\_\_\_ No \_\_\_\_\_ Title(s)

\_\_\_\_\_

Year(s) \_\_\_\_\_

H. List Attachments that you are sending:

Possible attachments are:

Non-technical Project Summary 250 or less \_\_\_\_\_

Detailed Description of Proposal \_\_\_\_\_

Detail Budget \_\_\_\_\_

Qualifications \_\_\_\_\_

Photocopy of IRS letter(s) \_\_\_\_\_

Officers and board \_\_\_\_\_

Final report of previous CCV grants \_\_\_\_\_

Other attachments:

---

---

---

---