

**WEST MEMORIAL FUND**  
**(IN MEMORY OF S. EUGENE AND VIVIAN S. WEST)**  
TRUST DISTRIBUTION COMMITTEE  
P.O. DRAWER 20067  
GREENVILLE, NORTH CAROLINA 27858

JAMES G. SULLIVAN, CHAIRMAN  
DANNY MCNALLY, DIRECTOR  
DAVID R. EMSWILER, SECRETARY

BANK OF AMERICA, TRUSTEE

**APPLICATION**

The West Memorial Fund was created to provide aid and assistance to certain named charities and recipients and to duly accredited colleges and universities of the State of North Carolina for endowment of professorships or for purposes of research and development and to provide college or university scholarships for worthy and needy students with the following general order of priority. to wit: residents of the City of Greenville, North Carolina; residents of Pitt County, North Carolina; residents of the State of North Carolina; and residents of the United States, and for the benefit of any other organization, charity or recipient described in and covered by Section 170(c) of the Internal Revenue Code of 1954, as amended, and with particular attention to charities located in the City of Greenville and County of Pitt, State of North Carolina.

**I Applicant Information**

Name of organization or agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**II Fiscal Information**

Period for which funds are requested: \_\_\_\_\_ to \_\_\_\_\_  
Funding base:  
Amount requested from the West Memorial Fund \_\_\_\_\_  
Amount of funds to be contributed by your organization \_\_\_\_\_  
Total cost of project/program \_\_\_\_\_  
Amount requested from other organizations \_\_\_\_\_

(Please name each such organization and if amounts have been granted and/or pending.)

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

How will your organization fund the project if the West Memorial Fund grant is not provided?

\_\_\_\_\_

**III Proposal**

A two hundred word synopsis of the project/program to be funded is requested. A full description of the project may be attached to the end of the application. Special attention should be given to need and merit.

**IV Project Effectiveness**

Give three ways that your project will change and enrich the lives of the citizens of Greenville, Pitt County or the community in which the project will be funded.

**V Historical Data**

Give a description of your organization/agency and its past accomplishments. Also, include an estimated duration of the project and a method and criteria to evaluate the success of the project, if funded.

**VI Budget**

A Submit a one-page line item budget of the project which includes both anticipated income and expenditures.

B Submit a current fiscal year budget for your organization.

C Are your funds audited?

D If your funds are audited, submit a copy and/or verification of the audit report.

**VII Board of Directors**

Provide a list of the members of the petitioning organization's governing board and a brief explanation of how members are selected.

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

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

**VIII Tax-Exempt Status**

Provide a copy of the petitioning organization's federal tax-exempt certification under Section 501(c)(3) of the Internal Revenue Code, including a determination as to your status as a publicly supported organization. Government units and religious organizations need not submit these documents.

**IX Signatures:**

Authorized Applicant

Project Supervisor

Address

Phone

Date of Signing

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

(If your organization has an executive director or a managing agent, please provide his/her name, address and telephone number.)

**SEND OR DELIVER THREE (3) APPLICATIONS TO:**

James G. Sullivan, Chairman  
West Memorial Fund  
P. O. Drawer 20067  
1100 Conference Drive  
Greenville, NC 27858