

FRAY FAMILY CHARITABLE TRUST

P O Box 442
Rustburg VA 24588

Applicant: _____

Address: _____

Telephone Number: _____

E-mail address: _____

EIN# _____

Executive Officer: _____

Project Contact: _____

Title of Project: _____

Amount of Funding Requested: _____

Project Starting Date: _____ Project Ending Date: _____

Description of Project (50 words or less): _____

Describe other efforts you have made or will make to secure funding for this project:

Name of person completing this form

Title