**The W. Russell Rylko Memorial Award**

**2014 Award Application**

**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Contact Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Web Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Brief Description of Mission and History of the Organization:**
2. **Brief Description of Any Current Program/Project Currently Being Pursued:**
3. **Description of Proposed Program/Project:**
4. **Anticipated Program/Project Start Date and Duration:**

1. **Amount Requested (Not To Exceed $10,000), include a budget for the amount requested**
2. **Brief Description as to Source of Additional Funding, if Total Program/Project Cost Exceeds $10,000**
3. **Brief statement from a CPA or CPA firm attesting to the financial solvency of the Organization for, at least, the past two (2) years.**

**Submit (preferably) by email to** [**contactus@mysticvalleyrs.org**](mailto:contactus@mysticvalleyrs.org) **or by mail to Jeff Costello, 95 Oak Street, Avon, MA, 02332, to arrive not later than close of business November 15, 2014. Include copy of IRS letter indicating your 501(c)(3) federal determination.**

**Authorized Representative Signature**

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**Printed Name of Authorized Representative and Position**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**