



West Virginia County Records Management and Preservation Grant Program

-Application Cover Sheet -

1. Name of County: _____
2. Name of County Commission President: _____
 Mailing address: _____
 Telephone number: _____
 Fax number: _____
 E-mail address: _____
3. Name of County Administrator: _____
 Mailing address: _____
 Telephone number: _____
 Fax number: _____
 E-mail address: _____
4. County Office(s) included in Grant Package: _____
(If multiple projects, list in order of county priority)

5. Federal employee identification number (FEIN) used in state FIMS system: _____
6. Total amount of funding being requested from RMPB: \$ _____
 Total match to be provided by County: \$ _____
 Total funds involved in project(s): \$ _____