EXHIBIT B

		Project Applicat	ion	
Intent:	Project	Endowment		
Name of Projec	t:		Date	
Project/Endown	nent Coordinator(Address	s)		
	Phone Email			
Briefly describe	the purpose/obje	ctive of your project:		

Please attach any additional information you feel may be important.

I/we, as representatives of the project named above, acknowledge that we have conferred with the Board of Directors of the Foundation for Frostburg, Inc. and that we have read and understood the Foundation Operating Procedures. Should this project be approved, we agree to abide by the Articles, By-Laws, Operating Procedures, and 501(c)(3) Guidelines of the Foundation for Frostburg, Inc.

Signature	Date	Signature	Date	
Approved:				
President		Date of Board Approval		