P.O. Box 334
224 W. Main St., Ste. 316
Lewistown, MT 59457

CENTRAL MONTANA FOUNDATION
Helping Improve Central Montana
Since 1984

(406) 538-6130
cmtfoundation@midrivers.com

Please review CMF's Operating Guidelines posted on our website at www.centralmontanafoundation.com before applying for a grant.

GRANT APPLICATION

County: Fergus

Community: Lewistown

Date of Request:

Organization:

Organization EIN or TIN:
**See instructions on Page 4, Required Supplemental Materials.*

Contact Person:

Street Address:

Mailing Address *(if different than street address)***:**

City: **State:** **Zip:**

Phone:

Email:

Total Project Cost:

AMOUNT REQUESTED FOR PROJECT:

Project Completion Date:
Grant recipients have 1-year to expend funds.

*INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
PLEASE SEE PAGE 4 FOR REQUIRED SUPPLEMENTAL MATERIALS.

Briefly describe proposed project, including need, purpose and goals of your project and how it will benefit the people involved:
(Your response is limited to space provided.)

Describe how you will implement the project, including specific activities and timelines:
(Your response is limited to space provided.)

Identify sources of financial support for ongoing operating costs and maintenance for this project. Please be as specific as possible; identify other funders if applicable:

Identify funds raised to date and describe fund-raising activities:

Number of people benefited by the project:

Can this project proceed if CMF cannot fully fund this request?

Are you available to give a 5-minute presentation to CMF Board of Directors?

The information provided to the Central Montana Foundation herein is true and accurate.

I certify that any funds _____ *(Organization)* **receives will NOT be used for any political purpose.**

Print Authorized Agent's Name _____

Title_____

***Authorized Signature _____Date_____**

**You must have authorization from your organization to submit this grant request and to sign on its behalf.*

REQUIRED SUPPLEMENTAL MATERIALS:

Your application <u>WILL NOT BE ACCEPTED</u> without the following information:

PROOF OF ELIGIBILITY FOR A CMF GRANT

- **<u>IF YOUR ORGANIZATION IS A GOVERNMENT ENTITY:</u> Provide a governmental information letter verifying tax-exempt status.**

OR

- **<u>IF YOUR ORGANIZATION HAS 501(C) STATUS FROM INTERNAL REVENUE SERVICE:</u> Provide an assignment letter from IRS indicating the type of 501(c) status your organization possesses.**

OR

- **<u>IF YOUR NON-PROFIT ORGANIZATION DOES NOT HAVE IRS 501(C) STATUS:</u>** *Please note that organizations are not required to have acquired 501(c) status from IRS to apply for a CMF grant, but CMF does require that organizations meet non-profit eligibility as defined by IRS and be registered and in good standing with the Montana Secretary of State.*
  - **Provide a completed W-9 Form** *(you may contact CMF for a blank form or find it at https://www.irs.gov/pub/irs-pdf/fw9.pdf)*.
  - **Provide a Certificate of Good Standing from Montana Secretary of State.**

FINANCIALS

- **Organization's Operating Budget showing income and expenses & current financial position. <u>USE ATTACHED FORM.</u>**
- **<u>Attach</u> a Project Budget.** *(Please itemize project expenses and attach estimates of project costs from vendors, contractors, etc. Your project budget should match total project cost on Page 1.)*
- **<u>Attach</u> Sources of Income for Project.** *(Include secured and anticipated sources of income; i.e. your organization's matching funds, other grant funds, donors, etc.)*

➔ <u>Mail completed application & attachments to:</u> ←

Central Montana Foundation
P.O. Box 334, Lewistown, Montana 59457
(Electronic applications are not accepted.)

CMF meets monthly on the fourth Tuesday of the month. Applications for grants of $4,999 or less must be postmarked by the 10th of the month to be considered during the month application is received. Applications for major grants of $5,000 or more must be postmarked by April 1 and are considered at CMF's annual meeting the fourth Tuesday in May.

Central Montana Foundation Grant Application Financial Attachments

OPERATING BUDGET

Organization:

Operating Budget (for your current fiscal year):

Gross Income: _____

Operating Expenses: _____

Profit: _____

Normal Sources of Funding for Your Organization:

Present Financial Position:

_____ Cash on Hand

_____ Savings/CD's

_____ Vehicles

_____ Real Estate

_____ Other

_____ **Total Assets**

_____ Notes Payable (short-term, include pay-off date)

_____ Trade Payables

_____ Long-Term Loans (include pay-off date)

_____ Other Liabilities

_____ **Total Liabilities**