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

406.538-.6130
cmtfoundation@midrivers.com
www.centralmontanafoundation.com

CENTRAL MONTANA FOUNDATION GRANT CONTRACT

Congratulations on your award of a Central Montana Foundation (CMF) grant!

In order to assure that the funds received are used for the purpose for which they were awarded, you must complete a semi-annual grant report until the funds are expended. These are due on July 31 and December 31. *You will not be reminded that the report is due, so please mark these dates on your calendar and assign someone within your organization to complete the report by the deadline. Not complying with reporting requirements jeopardizes awarding of future grants to your organization.*

As the authorized person for your organization, please sign and date below indicating your agreement to fulfill reporting requirements before cashing the grant check to your organization.

On behalf of _____(Name of Organization), I agree to submit semi-annual grant reports as outlined to CMF until all the grant monies are expended and I will sign and return this form before cashing the grant check from CMF. In addition, I agree that our organization will expend the funds within one year of award date and according to the purpose stated in our grant application, or we will return the funds to CMF.

_____ _____
Name (please print) Signature

_____ _____ _____
Title Date Phone

Please Return to:
Central Montana Foundation
Attn: Carrie Mantooth
PO Box 334
224 W. Main St., Suite 316
Lewistown, MT 59457
406.538.6130

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CENTRAL MONTANA FOUNDATION GRANT REPORT FORM

If the grant funds HAVE NOT BEEN SPENT and the grant purpose not completed:

Please provide the following information on a separate sheet and return to Central Montana Foundation, PO Box 334, Lewistown, MT 59457. Please explain:

- What has been accomplished to date in regards to your project?
- What are your plans regarding completion of the project for which you requested funds?
- Please include the Grant Report Form that follows with your explanation.

Please note that the grant funds must be spent as outlined in your grant application or the grant must be returned and if needed, you may reapply. If you have not yet spent the grant monies, but plan to do so, you must submit semi-annual reports to CMF.

Your organization has one year from the date of award by CMF to expend the grant funds or you will be required to request an extension from CMF.

If the grant funds HAVE BEEN SPENT and the grant purpose completed:

Please complete this Grant Report Form in its entirety. You will not be required to submit additional reports.

Any funds that were not used for the purpose designated must be returned with this report.

Semi-annual reports are due July 31 and December 31, until all funds are expended. **YOU WILL NOT BE REMINDED TO SUBMIT YOUR REPORT. PLEASE MARK YOUR CALENDARS AND ASSIGN AN AUTHORIZED PERSON TO SUBMIT REPORTS BY THE DEADLINES. FAILURE TO DO SO JEOPARDIZES FUTURE GRANT AWARDS.**

An electronic version of the report and instructions are available on our website at: www.centralmontanafoundation.com under the CMF Grants tab.

CENTRAL MONTANA FOUNDATION GRANT REPORT FORM

SECTION I

Organization: _____

Address: _____

City: _____ Zip Code: _____

Contact Person: _____ Title: _____

Telephone: _____ Amount of Grant: _____

SECTION II

Brief description of your project:

_____

_____

_____

Have all the grant monies been spent? Yes ☐ No ☐

***Please attach a project budget and provide verification of expenditures.**

Was the purpose of the funding stated in your original grant application achieved?

Yes ☐ No ☐ If no, please explain:

_____

_____

_____

_____

AUTHORIZED CONTACT PERSON MAKING THIS REPORT:

_____ _____

Name (please print) Signature

_____ _____ _____

Title Date Phone

Please Return to:

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