

**CENTRAL MONTANA FOUNDATION  
GRANT REQUEST FORM**

**Date of Request:** \_\_\_\_\_

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

**Contact Person:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**Briefly explain proposed project and how it will benefit the people involved**

**Number of people benefited by the project**

**If necessary, could a 5-minute presentation be made in person?**

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

**Organization** \_\_\_\_\_

**By** \_\_\_\_\_

**Action Taken** \_\_\_\_\_ **Date** \_\_\_\_\_

**Present Financial Position (if appropriate)**

_____ Cash on Hand	_____ Trade Payables
_____ Savings/CD's	_____ Notes Payable (short term)
_____ Vehicles	_____ Long Term Loans
_____ Real Estate	_____ Other Liabilities
_____ Other	_____ Total Liabilities
_____ Total Assets	

**Proposed Operating Budget  
(Next 12 months)**

_____ Gross Income	1.
_____ Cost of Goods Sold	2.
_____ Gross Profit	3.
_____ Operating Expenses	4.
_____ Net Profit	

**Normal Sources of Funding**

**Sources of Income** – Please describe what efforts have been made or will be made to obtain the proceeds needed to complete your project.

**Projected Costs** - Please describe the entire costs of your project should it not already be addressed on the front page.

**For Grant Requests under \$3000.00 Please return this Application to the Hobson Endowment Board by May 1 or September 1.**

*For Grant requests over \$3000 please return to the Central Montana Foundation at P O Box 334, Lewistown, MT 59457 by the 10<sup>th</sup> of the Month. Grants requests of less than \$4,999 received by the 10<sup>th</sup> of the Month will be presented and discussed during that regular monthly meeting and acted upon during the following regular monthly meeting.*

*Grant requests over \$5,000 must be received by April 1<sup>st</sup> for consideration at the annual meeting in May.*