

GRANT APPLICATION FORM
Absarokee Community Foundation
P.O. Box 72
Absarokee, Montana 59001

1. Your Organization's Information

Organization name: _____

Address

City State Zip

Name/Title of Contact Person

E-mail address: _____

2. Type of Organization: (Please check the appropriate box)

Is your organization tax exempt under:

Section 501(c) (3) Yes No
(If yes, please attach a copy of your IRS Determination Letter)

Exempt Government Unit Yes No

3. Summarize your organization's mission (2-3 sentences)

Organization Budget: \$_____

4. Provide the amount of money requested: \$_____ Total Cost: \$_____

What other organizations or individuals have contributed or committed funds to this project?

5. Provide a brief description of the program/project to be funded and how it will benefit Absarokee Area Citizens.

6. Signature of authorized individual

_____ Title _____

Date: _____