

Centennial Youth 1882 Foundation

Please mail 6 copies of application and *additional required information* to:

First Interstate Banks of Billings

Attn: Kristi Conroy

P.O. Box 30918

Billings, MT 59116

GRANT APPLICATION

Organization _____

Address _____

Street

City

Contact person's name _____ Phone _____

Contact person's email _____

Contact person's title _____

Project title and brief description (no more than twenty-five words)

Geographic area to be served

Client group to be served _____ Size of group _____

Anticipated project period _____ to _____

Type of request _____ Capital _____ Operating support _____ Special project

Total project cost: \$ _____

Amount requested from Centennial Youth Foundation: \$ _____

Other funding sources (and amounts) applied to for this project

Additional Information Required

Please attach the following:

- General financial information on your organization, including your total current budget and balance sheets including the principal sources and amounts of ongoing annual support.
- Copy of Treasury letter certifying your 501 (c) (3) tax-exempt status, or evidence of government agency status under Section 170 (c).

6. Coordination (Who else in your community is working on this problem? How will you coordinate with them?)

7. Evaluation (How will you determine that the project is working and that it has accomplished its purpose?)

8. Our Funds (Specifically, how will our grant be used?)

9. Future support (How will this project be financed in the future?)

10. Anything else (What else would you like us to know about your project?)

Signed _____ Date _____