

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	e 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	n Foundation: \$	
Other funding sources (and amounts) app	lied to for this project	

## Additional Information Required

Please attach the following:

- General financial information on your organization, including your total current budget and balance sheetsincluding 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).

Ins	structions	
Please answer each question within the space provided. Also note the required attachments listed on the front of this form. Additional attachments or supplementary pages are not encouraged unless they are absolutely essential to our understanding of your project. We will contact you should we need further information on which to base a decision.		
1.	Purpose (What will this project specifically accomplish?)	
2.	Need (What are the problems that this project will try to solve?)	
3.	Relevance (Why should Centennial Youth Foundation support this project?)	
4.	Approach (How do you plan to implement this project?)	
5.	Support (What kind of local support is there for the project?)	

• Names on your board of directors.

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?)
Q	Our Funds (Specifically, how will our grant be used?)
ο.	Our Funds (Specifically, now 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?)
Sio	ned Date
~15	