



LCCF Grant Application Form

P. O. Box 1615, Helena MT 59624
(406) 443-5860 ----- lccf@bigskyinstitute.org
www.lccfoundation.org

(An electronic fill-in copy is available at the above web address)

Your Organization's Information:

Organization Name: _____
Address: _____, City/Zip: _____
Telephone: _____ Email Address: _____
Name/Title of contact person: _____
Website Address (URL): _____

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

Amount of money requested from LCCF: _____ **Total Cost of Project:** _____
From where are you seeking additional funding:? _____

Provide a brief description of the project and how it will benefit Lewis and Clark County citizens.

Exempt Status:

Is your organization tax exempt under the IRS Section 501(c)(3)? Yes _____ No _____
Is your organization a unit of a local government (e.g., school, library)? Yes _____ No _____
If yes, **please provide a copy of your Internal Revenue Service determination letter.** If no, please provide the name and contact information of the person who will be responsible for accounting expenditures, or what 501(c)(3) will act as your fiscal sponsor.
Contact Person: _____
Fiscal Sponsor: _____

Is your application complete? Please submit just **1 copy** of the following to LCCF by July 1, 2009.

- Application
- List of directors and officers
- Copy of most recent financial statement
- 501(c)(3) designation letter

(Please follow all instructions exactly. Any additional materials will be ignored.)

Signature of authorized individual Title Date