



LCCF Grant Application Form

P.O. Box 92, Helena, MT 59624

(406) 441-4952

Email: admin@lccfoundation.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: _____ E-mail: _____

Name/Title of Contact Person: _____

Website: _____

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

Amount of grant 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 **1 copy** of the following to LCCF by **July 1, 2010.**

Application

Copy of most recent financial statement

List of directors and officers

501(c)(3) determination letter

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

Signature of authorized individual

Title

Date