

P.O. Box 334
224 W. Main St., Suite 407
Lewistown, MT 59457



(406) 538-6130
cmtfoundation@midrivers.com

Central Montana Foundation Grant Application Information and Instructions

Statement of Purpose: Central Montana Foundation (CMF) is a community foundation founded in 1984 with a mission to encourage charitable giving, build endowments, and distribute funds to improve life in Central Montana. CMF funds its grant-making program from dividends and income earned from its unrestricted permanent endowments including CMF's General fund, as well as funds established by those who desired to provide a perpetual source of funding for Central Montana projects. Thank you to Mildred Bryte, Housel Family, John & Alice Janicek, Bertha Martin, Rosie Pense, Chester Rickner, Gertrude Saxtorph, Sally Wells and Margie Wilkins for their legacy gifts to CMF.

Grant Eligibility: Projects that will benefit educational, medical, essential services, civic and cultural projects are eligible and priority is given to projects that will benefit the most Central Montanans. Grants are limited to tax-exempt or organizations with existing projects in Fergus, Garfield, Judith Basin, Petroleum or Wheatland Counties that meet not-for-profit status as defined under Section 501(c)(3) of the U.S. Internal Revenue Code, and who are registered and in good standing with the Montana Secretary of State. Please review CMF's Operating Guidelines under the Applications tab on our website at www.centralmontanafoundation.com.

The following are NOT eligible for CMF funding: grants to individuals, courtesy advertising, testimonial dinners, automatic renewal of grants, reimbursement of funds already expended on a project, grants to political organizations, organizations whose primary purpose is to influence legislation, to participate in or intervene in any political campaigns on behalf of any, or against any, candidate for public office, grants to religious organizations, requests that are discriminatory, illegal or harmful, or which pose an unacceptable conflict of interest to the community.

Application Deadlines: CMF Board of Directors meets on the fourth Tuesday of the month to consider minor grant requests under \$5,000 and once a year at its annual meeting in May to consider major grants requests of \$5,000+. Minor grants are due the 10th of the month to be considered in the month the application is received. The major grant deadline is April 1.

Call CMF at 406.538.6130 or email cmtfoundation@midrivers.com with any questions about eligibility or the application process.

Please complete the following grant application checklist, grant application and required supplements in their entirety and return to Central Montana Foundation, PO Box 334, Lewistown, MT 59457. (Grant applications must be mailed and postmarked by the deadlines noted above.) Incomplete applications will not be considered.

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GRANT APPLICATION CHECKLIST:

Your grant request WILL NOT BE ACCEPTED without the following information:

(Please initial on each line to indicate that each component has been completed and is included in your grant application package.)

- ___ **GRANT APPLICATION CHECKLIST:** Include this completed checklist with your application.
- ___ **GRANT APPLICATION:** This must be signed by an authorized agent of the applicant organization.
- ___ **PROOF OF ELIGIBILITY FOR A CMF GRANT – please check ONE box below. (See Page 5 of grant application for more details.)**
 - IF YOUR ORGANIZATION IS A GOVERNMENT ENTITY:** Provide a governmental information letter verifying tax-exempt status and/or the TIN on Page 1 of the grant application.
 - IF YOUR ORGANIZATION HAS 501(c) STATUS FROM INTERNAL REVENUE SERVICE:** Provide an assignment letter from the IRS indicating the type of 501(c) status your organization possesses and provide EIN on Page 1 of the grant application.
 - IF YOUR NON-PROFIT ORGANIZATION DOES NOT HAVE IRS 501(c) STATUS:** Please note that organizations are not required to have acquired 501(c) status from IRS to apply for a CMF grant, but CMF does require that organizations meet non-profit eligibility as defined by IRS and be registered and in good standing with the Montana Secretary of State.
 - o **Provide a completed W-9 Form** (you may contact CMF for a blank form or find it at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>).
 - o **Provide a Certificate of Good Standing from Montana Secretary of State.**
- ___ **ORGANIZATION’S OPERATING BUDGET: You must complete Page 4 of this application** to show income, expenses & current financial position.
- ___ **PROJECT BUDGET (ATTACHMENT):** Please attach an itemized list of project expenses and if applicable, attach estimates of project costs from vendors, contractors, etc.
- ___ **SOURCES OF INCOME FOR PROJECT (ATTACHMENT):** Please attach the secured and anticipated sources of income; i.e. your organization’s matching funds, other grant funds, donors, etc.

Mail completed grant checklist, application & required supplemental materials to:

Central Montana Foundation
P.O. Box 334, Lewistown, Montana 59457
(Electronic applications are not accepted.)

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Please review CMF Grant Information and Instructions before applying for a grant.

GRANT APPLICATION

County:

Community:

Date of Request:

Organization:

Organization EIN or TIN:

**See instructions on Page 5, Required Supplemental Materials.*

Contact Person:

Street Address:

Mailing Address *(if different than street address):*

City:

State:

Zip:

Phone:

Email:

Total Project Cost:

AMOUNT REQUESTED FOR PROJECT:

Project Completion Date:

Grant recipients have 1-year to expend funds.

***INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**
PLEASE SEE PAGE 5 FOR REQUIRED SUPPLEMENTAL MATERIALS.

Briefly describe proposed project, including need, purpose and goals of your project and how it will benefit the people involved:

(Your response is limited to space provided.)

Describe how you will implement the project, including specific activities and timelines:

(Your response is limited to space provided.)

Identify sources of financial support for ongoing operating costs and maintenance for this project. Please be as specific as possible; identify other funders if applicable:

Identify funds raised to date and describe fund-raising activities:

Number of people benefited by the project:

Can this project proceed if CMF cannot fully fund this request?

Are you available to give a 5-minute presentation to CMF Board of Directors?

The information provided to the Central Montana Foundation herein is true and accurate.

I certify that any funds _____ (Organization) receives will NOT be used for any political purpose.

Print Authorized Agent's Name _____

Title _____

*Authorized Signature _____ Date _____

**You must have authorization from your organization to submit this grant request and to sign on its behalf.*

ORGANIZATION'S OPERATING BUDGET

(Application will not be accepted if this section is not completed.)

Organization:

Operating Budget (for your current fiscal year):

Gross Income: _____

Operating Expenses: _____

Profit: _____

Normal Sources of Funding for Your Organization:

Present Financial Position:

_____ Cash on Hand

_____ Savings/CD's

_____ Vehicles

_____ Real Estate

_____ Other

_____ **Total Assets**

_____ Notes Payable (short-term, include pay-off date)

_____ Trade Payables

_____ Long-Term Loans (include pay-off date)

_____ Other Liabilities

_____ **Total Liabilities**

REQUIRED SUPPLEMENTAL MATERIALS:

Your application **WILL NOT BE ACCEPTED** without the following information:

PROOF OF ELIGIBILITY FOR A CMF GRANT

- **IF YOUR ORGANIZATION IS A GOVERNMENT ENTITY:** Provide your Taxpayer Identification Number (TIN) on Page 1 of this application and/or a governmental information letter verifying tax-exempt status.
- OR**
- **IF YOUR ORGANIZATION HAS 501(C) STATUS FROM INTERNAL REVENUE SERVICE:** Provide an assignment letter from IRS indicating the type of 501(c) status your organization possesses and provide Employer Identification Number (EIN) on Page 1 of this application.

OR

- **IF YOUR NON-PROFIT ORGANIZATION DOES NOT HAVE IRS 501(C) STATUS:** *Please note that organizations are not required to have acquired 501(c) status from IRS to apply for a CMF grant, but CMF does require that organizations meet non-profit eligibility as defined by IRS and be registered and in good standing with the Montana Secretary of State.*
 - Provide a completed W-9 Form (you may contact CMF for a blank form or find it at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>). Provide EIN on Page 1 of this application.
 - Provide a Certificate of Good Standing from Montana Secretary of State.

ATTACHMENTS

- **ATTACH A PROJECT BUDGET.** *(Please itemize project expenses and attach estimates of project costs from vendors, contractors, etc.) Your project budget should match total project cost on Page 1.*
- **ATTACH SOURCES OF INCOME FOR PROJECT.** *(Include secured and anticipated sources of income; i.e. your organization's matching funds, other grant funds, donors, etc.) Your sources of income should match total project cost on Page 1.*

➔ Mail completed application & attachments to: ←
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CMF meets monthly on the fourth Tuesday of the month. Applications for grants of \$4,999 or less must be postmarked by the 10th of the month to be considered during the month application is received. Applications for major grants of \$5,000 or more must be postmarked by April 1 and are considered at CMF's annual meeting the fourth Tuesday in May.