**Cut Bank Community Foundation**

PO Box 111

Cut Bank, MT 59427

cutbankfoundation@gmail.com

2025 Grant Application & Guidelines

Grant Application Period: September 1-28, 2025

Grant Amount: $500-5,000

CBCF Mission:

Our mission is to create a healthy, vibrant community by responding to needs and opportunities in Cut Bank, Montana.

Eligibility:

Applicants must be 501(c)(3) nonprofit organizations, government entities, or have one of those acting as a fiscal agent. At this time the foundation is funding project grants (grants for general operating expenses will not be considered).

What We Don’t Fund:

The foundation cannot fund organizations or projects primarily influencing legislation or politics, political campaigns, religion activities and organizations, or grants to individuals.

Grant Application Guidelines

1. Review eligibility
2. Complete grant application digitally or in print
3. Include a budget outlining how funds will be used
4. Submit grant by September 28, 2025
5. Successfully funded projects are required to provide a report and at least one photo to the Cut Bank Community Foundation after the project is completed. In addition, a press release about the project must be submitted to the foundation and then to the local newspaper, mentioning the community foundation’s financial support.

Completed applications can be mailed, emailed, or hand-delivered to a member of the Cut Bank Community Foundation Board.

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2025 Cut Bank Community Foundation Board Members:

Jim Woodring, Valerie Vermulm, LeAnne Kavanagh, Bess Hjartarson, Whitney Bugni

**2025 Cut Bank Community Foundation Grant Application**

Project Title:

Amount requested (must be between $500-5,000):

Total Project Cost:

Name of Organization:

Contact Person:

List of board members (if applicable):

Contact Address:

Contact Email:

Contact Phone:

Organization/fiscal agent EIN:

Project Start / End Date:

1. Provide a project summary (explain the project and what funds will be used for):

2. What will the funds accomplish?

3. What community need is being addressed with this project?

4. What other support does your project have (including other funding, donors, in-kind donations, matching funds, volunteers, etc.)?

5. How does this project contribute to Cut Bank long term?

6. How will you measure if the project is successful?

**Please attach a budget outlining how grant funds will be used. Projects submitted without a budget will not be considered.**

Signature: Date: