

Lincoln County Community Foundation
GRANT APPLICATION

MISSION

To enhance community vitality and endowed philanthropy

VISION

Showing we care, today and tomorrow

THE PROCESS

The grant cycle is open from August 1- August 31. You must submit your grant application in hard copy. After we receive your completed application, the Lincoln County Community Foundation Advisory Committee will review the applications. At that point, we may request more information from you.

The Advisory Committee will notify you of their decision as soon as possible. We cannot guarantee that every proposal will be funded, or that you will receive the full amount you requested. If you receive a grant, you must submit a final report within 60 days after the completion of the project or program for which you received the funding.

APPLICANT: _____ DATE: _____
(Name of Organization)

ADDRESS: _____
(PO Box or Street, City, State, Zip)

CONTACT PERSON: _____
(Name, Title)

(Phone, Email)

PROJECT NAME: _____

CHECK ONE:

- ☐ 501(c)(3) Organization
- ☐ Government Entity: _____

GENERAL CLASSIFICATION OF THE CHARITABLE REQUEST (Check all that apply)

- ☐ Economic Development ☐ Leadership Development ☐ Education ☐ Recreation ☐ Environment
- ☐ Youth ☐ Health ☐ Other (Specify) _____

Funds available and/or pledges received:

	AMOUNT	PERCENT
Amount of this grant request:	\$_____	()
Remaining amount to be raised:	\$_____	()
Total funding required for project:	\$_____	()
Timeline for completion of project:	_____	

PROPOSAL SUMMARY

Please respond briefly to the following 3 questions. Limit answers to all 3 questions to fit on a typed single page. If you wish, you can attach a separate Word document for this section. Please note that this cover sheet may be shared with Montana Community Foundation, Inc., (MCF) or donors as a summary of your proposal.

1. Summary of Proposed Work

(If your organization is not a 501(c)(3) organization or governmental entity, your summary should include an explanation of why the proposed work is a charitable activity.) Please include project partners, key dates and activities and leadership information.

2. Statement of Need

Describe why this work is important to undertake at this particular time. What is this community need being addressed?

3. Results

List up to three specific, measurable outcomes of this work by which you will determine its success. Please include as much information as possible relating to how the community will benefit from the work.

Please mail completed application to the Lincoln County Community Foundation (LCCF) at 1202 Idaho Ave, Libby, MT 59923. Application must be postmarked by August 31 to be considered.