



# 2025 GRANT APPLICATION FORM

Absarokee Community Foundation

P.O. Box 72 | Absarokee, Montana | 59001

## Your Organization's Information

Organization name: \_\_\_\_\_

Address: \_\_\_\_\_

Name/Title of Contact Person: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Type of Organization: 501C3 \_\_\_\_ Yes \_\_\_\_ No    **or**    Exempt Government Unit \_\_\_\_ Yes \_\_\_\_ No  
(Please attach a copy of your IRS Determination Letter)

Organization Budget: \$ \_\_\_\_\_

Organizational background: What are the primary goals of your organization? How long has your organization been in existence? Who does it serve? How are you funded? What are your annual activities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Proposed Project Information

Descriptive title of proposed project: \_\_\_\_\_

Amount of money requested: \$ \_\_\_\_\_ | Total Project Cost: \$ \_\_\_\_\_

Collaboration: What current community support does your organization have for the proposed project? (Other organizations contributing to the project?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a brief description of the program/project to be funded and how it will benefit Absarokee area citizens.

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How many people will benefit from the proposed project? \_\_\_\_\_

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Project schedule, including project start and completion dates: \_\_\_\_\_

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**Application details**

Application deadline: April 30, 2025

Grant award: June 1, 2025

You may attach additional pages if necessary; however, please be as concise as possible.

Submit completed application to: Absarokee Community Foundation, PO Box 72, Absarokee, MT 59001

**OR** email it to [absarokeemtcommunityfoundation@gmail.com](mailto:absarokeemtcommunityfoundation@gmail.com).

For questions, please contact Steve Nummerdor, ACF Board President, at 780-0867 or [absarokeemtcommunityfoundation@gmail.com](mailto:absarokeemtcommunityfoundation@gmail.com). If you would like to discuss your project idea and/or application with a representative of the ACF, please feel free to contact us.

\*Successful applicant organizations will submit a COMPLETE and LEGIBLE application and will be required to submit reporting forms by April 1 of the following year. Late, incomplete or illegible applications WILL NOT BE ACCEPTED.



Signature of authorized individual \_\_\_\_\_

Title \_\_\_\_\_ Date: \_\_\_\_\_