

Livingston Community Trust

APPLICATION FOR LIVINGSTON COMMUNITY TRUST PROJECT FUNDING

Date of Application: _____

Applicant: _____

Address: _____

Contact Person: _____ Title: _____

Contact Person Phone: _____ Applicant Phone: _____

Project Name: _____

Brief Description of Applicant: _____

Brief Statement of Purpose: _____

Current Status of Project: _____

Project Start Date: _____ Project Completion Date: _____

Source of Future Funds (to include how project will be made self-sustaining): _____

How Progress Reports will be Submitted: _____

Other Pertinent Information: _____

Attach Current Financial Statement of Budget or Organization

Amount Requested from LCT \$ _____

Date funds are needed _____

Amount of Matching Funds \$ _____

Other funding Sources and Amounts for this project (total received and pledged) \$ _____

Other Funding Sources and Amounts currently being applied for from other Sources (list sources) \$ _____

Total Project Budget \$ _____
(include breakdown of project costs)

Return original application plus 9 copies (10 total) with supplementary information to:

LIVINGSTON COMMUNITY TRUST
P.O. BOX 1223
LIVINGSTON, MONTANA 59047