

EASTERN SERVICE AREA AUTHORITY FUND REQUEST APPLICATION

NAME OF APPLICANT(S)/ORGANIZATION:

TYPE OF ENTITY: _____

NAME OF PROJECT: _____

AMOUNT REQUESTED \$ _____

POPULATION and # SERVED BY PROJECT:

CONTACT PERSON:

Name _____

Mailing address _____

Business phone _____ FAX number _____

E-mail address _____

Who should the check be sent to? _____

Describe Your project:

PROJECT BUDGET					
Match/ In Kind	SOURCE:	SOURCE:	SOURCE:	SOURCE:	TOTAL:
Grant Administration	*** \$	\$	\$	\$	\$
Office Costs	\$	\$	\$	\$	\$
Professional Services	\$	\$	\$	\$	\$
Legal Costs	\$	\$	\$	\$	\$
Personnel	\$	\$	\$	\$	\$
TOTAL ADMINISTRATIVE/ FINANCIAL COSTS	\$	\$	\$	\$	\$
ACTIVITY COSTS:					
Equipment Cost	\$	\$	\$	\$	\$
Supplies/Brochures Cost	\$	\$	\$	\$	\$
Speaker Fees:	\$	\$	\$	\$	\$
Conference & Training Cost	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
TOTAL ACTIVITY COSTS	\$	\$	\$	\$	\$
TOTAL PROJECT COSTS	\$	\$	\$	\$	\$

Explain why an ESAA grant is necessary to make the project feasible and affordable:

CERTIFICATION

To the best of my knowledge and belief, the information provided in this application and in the attached documents is true and correct.

Name: _____

Title: _____

Signature: _____ Date: _____

AWARDING ESAA FUNDS

(1) The Applicant may submit the application electronically by forwarding the application to brentm@liffitt.org. The signed/scanned original application must be mailed to: Brent Morris, Vice President, c/o LIFTT 1201 Grand Ave., Unit 1, Billings, MT, 59102, 406-294-5189.

(2) Applicants may be requested to appear before the ESAA Board when their application is on the agenda for consideration. Applicants will receive an agenda prior to the meeting date if requested to appear before the Board. If no one is available to speak on behalf of the application, it will be tabled until the next board meeting.

(3) The ESAA Board may approve, deny or table a grant. The Board may request that an applicant return to the next meeting with additional information. The Board would then move to table the application until that meeting. No further action will be taken until the Board has received all the requested information. At that time, the application will be placed on the next ESAA Board meeting agenda.

For Board Use Only

What date was the grant reviewed? _____

What Action was taken by the Board?

Approved

More information Requested

Tabled until next meeting

If approved, what was the amount? _____

When was the award mailed? _____

Signature of a Board Member _____

Date _____