

ESAA Funds Request

Brent Morris, Treasurer
c/o LIFTT
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LAC Location: _____ County: _____
LAC Chair: _____
Address: _____
City, State, Zip: _____
State: _____
Phone (Work): _____ Phone (Home): _____

Brief Description of purpose and need of project for which contribution is requested

Estimated Project Period _____ to _____

Total Cost: \$ _____ Amount requested from ESAA \$ _____

Amount & Source of pledges/commitments to date: _____

Other funding sources (and amounts) applied to for this grant \$ _____

I hereby certify that all information stated on this form is true to the best of my knowledge. I also grant permission to investigate the accuracy of this request.

Signature: _____ Date: _____

The ESAA considers grant allocations at it's monthly meeting. Applicants will be notified by mail of approval or denial of their applications.

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED