



Opportunity BankTM

OF MONTANA

OPPORTUNITY BANK OF MONTANA APPLICATION FOR GRANT FUNDING

Legal Name of Organization

Address

City, State, Zip

Authorized Contact Person

Title _____ Phone

Description of Organization or Project

Proposed Use of Contribution

Amount Requested _____ Total Project Cost
Number Served by Project _____ Geographic Area Served
Are you a 501 (c) (3) organization?
Opportunities for Volunteers (if any)

Please attach any other information, such as reports, endorsements, survey results, news clippings, etc. which you feel is pertinent to your project.