

2025 Application Cover Sheet

This form must accompany your proposal, which must be emailed to grants@jerrymetcalfmontana.org by 11:59 p.m on April 5, 2025. Please type or print. Only *complete* applications will be accepted. Make

	Name of Applicant Address		
	Contact Person		Phone
		E-mail Address:	
Organization descrip	otion and/or app	licant biography:	
		3 1 /	
Diagonal and all and aff	uh a fallannin m		
Please check one of t	-	aslasa sany of IDS Va	differentian latter)
	_	nclose copy of IRS Ver nit (please specify)	
Amount requested for	rom JMF: \$	Total projec	t cost: \$
Project period:	to		
Are you asking for fu	nds for this proj	ect for more than one	year? Yes No
If this is a multi-year	request, tell us		
How many years?	How much m	oney per year?	
	? How much requ	_	plied for or received for this mmitted? Will our grant

Title

Date _____