Operations Mini Grant

Application Form Template

All fields are required unless noted otherwise.

OpMG Grant Eligibility

Does the applicant have an established tax identification number?

☐ Yes ☐ No

Applicants without an established tax identification number are not eligible to apply.

Grant Request

Grant Amount Requested (max of $500)	
Organization's Annual Operating Budget (current fiscal year; cannot be less than the Grant Amount Requested)	

All expenses exceeding the Operations Mini Grant award, regardless of its amount, are the responsibility of the applicant.

Applicant Information

Applicant Name	
Applicant Type (e.g., nonprofit, government entity)	
Physical Address (street, city, state, zip code)	
Mailing Address (if different from physical address; street, city, state, zip code)	

Contacts

Authorized Representative

Name	
Title	
Phone	
Email	

Organization Contact

Complete only if the Organization Contact is not the Authorized Representative.

Name	
Title	

Phone	
Email	

Application Questions
Provide a response to the following questions. A few sentences per question is plenty.

1) What is your organization's mission, and what services or programs does it provide to Missoula County residents? *Include the approximate number of people in Missoula County your organization serves each year.*

2) Which goal(s) in MCD's current Strategic Plan does your organization's work support, and how? *The Strategic Plan is available at www.missoulacd.org.*

3) Why are the Operations Mini Grant funds needed for your organization to carry out its mission? *Describe your organization's budgetary need, how it will use the Operations Mini Grant funds, and any other funding sources for its operations.*

Certification
Public Information and Disclosure Notice
All Missoula Conservation District grant applications, grant documents, and grant reports (including photos, video recordings, presentations, and social media content) are considered public information and may be posted on MCD's website, social media accounts, or otherwise made available to the public.

Certification Statement
By signing this application (typing my name below), I certify that I am authorized to apply on behalf of the applicant named above and that the information provided in this application is true and complete. I also certify that I have read the accompanying Overview and Instructions *document for the MCD Operations Mini Grant program. I further certify that I understand and agree to follow all rules, provisions, limitations, and requirements contained in the MCD Operations Mini Grant* Overview and Instructions *document.*

☐ I have read and agree to the Public Information and Disclosure Notice and the Certification Statement above.

Authorized Representative Signature: On the JotForm application, the Authorized Representative signs by typing their full name in the Authorized Representative Signature field. The typed name serves as the signature.

Date: The date fills in automatically with the day you complete the application. It can be modified if you Save a draft of the application and complete it on a different date.