

People Partners Grant Application



Must be returned to Montana 4-H Foundation Postmarked on or before February 1. Photos may be included if it will help selection committee better understand the need of this project. Grant recipients will be announced in March.

Date: _____ County: _____

Name of Group or Individual: _____

Chairman of People Partner Committee: _____

Address (street or box): _____ Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

If grant is awarded, to which organization should the check be payable?

Name: _____

Amount Requested: _____

Brief Project Description (less than 15 words): _____

County Agent's Signature: _____ Date: _____

VI. Indicate the contacts, with approximate dates, of those who are to be “partners” in the program or project together with you.

| Date | “Partner” | Nature of Partnership |
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VII. What learning experiences will this program or project provide to those who are involved in carrying it out?

