

Moffat County Local Marketing District Grant Application Checklist

Name of Organization	Today's Date	

Section 1: Cover Letter (one page)

Include the purpose of the grant request and a brief description of how the request fits with the Local

Marketing District's (LMD) mission and grant making priorities.

Section 2: Completed LMD Grant Request Form

Section 3: Financial Attachments

A. Organization's Budget Sheet

B. Grant Request Program or Project Budget

C. Year-To-Date Profit and Loss Statement

D. Budget for Grant request Funds

Applications received after the designated deadline and/or incomplete information will not be considered for funding until the following board meeting or until your application is complete.

The funds for this grant must be spent within one year of the grant's approval.

Be advised that the LMD Board will require a personal presentation regarding this application. The board meets the second Thursday of each month. Requests are due the first Thursday of each month. Other special meetings may be called to evaluate and manage special requests.



Contact Signature

Moffat County Local Marketing District Grant Application Grant Request Form

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BA (if applica	biej:		
ontact Perso	n:	Title:	
aytime Phon	e #:	Evening Phone #:	
-mail Address	s:	Fax #:	
	Address Line 1:		
Mailing Address			
Addiess	Address Line 2:		
	City:	State:	Zip Code:
escribe how	the Grant Funds will be used:		
		atch the numbers presented in Section 3-A (Organization's Budget Sheet)
rganization's	s Budget for the Current Fiscal \	rear:	
		Function	
come:		Expenses:	
otal Amoui	nt of Grant Request: \$		
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v signing bel	ow. you signify that you have r	ead the policies and requiremen	ts and agree to adhere to all
		licies and requirements, you agre	_
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Today's Date