

MONTANA CATTLEWOMEN, INC.
APPLICATION FOR
EDUCATION/PROMOTION PROJECT FUNDING

Mail completed application to: MCW Secretary -Lucinda
79 Trout Creek Lane, Philipsberg MT, 59858

Deadline: July 15th

1. Date application submitted: _____
2. Name of Local requesting funds: _____
3. Name and address of contact person: _____

4. Title of program or activity: _____
5. Date of Activity _____ Number of people you anticipate reaching _____
6. Dollar amount being requested of the Montana CattleWomen: _____
7. Itemized budget for use of these Check-Off monies: _____

8. What will your local be contributing to this program? (Include volunteer labor and time mileage as well as other payment in kind and cash) _____

9. Do you have access to additional funding sources? _____ Amount _____
10. Which Beef Council Program Priority will your program fall under?(See Guidelines) _____

11. How will you evaluate this program or project? _____

12. Do you agree to complete an Activity Report and submit it? _____
13. Following the successful completion of this program, are you willing to share your program with other locals? _____
14. Number of members in your local? _____ How many are MCW members? _____

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15. Do you agree to submit a written evaluation, including photos & documentation for the BEef Council

of your program and copies of all receipts for reimbursement, within two weeks of completion of program? _____

Person Completing Application _____ Date _____

Phone Number of person completing this application _____

Email of person completing this application _____

Has your Montana CattleWomen, Inc. local paid their affiliation dues for recommendation of

Steering Committee: _____ Date: _____

Note: MCW Project Block Funding is made available from Check-Off funds from Montana producers.

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