



# Assisting Charitable Endeavors (ACE) Program Grant Application

Montana State Fund supports Montana-based charitable organizations that strive to improve the quality of life for Montana citizens. Respond to the information requested below.

Date: \_\_\_\_\_

Name of Charitable Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the organizations need and reason for requesting an ACE grant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \_\_\_\_\_ Date of Event (if applicable): \_\_\_\_\_

*Minimum \$250 - Maximum \$2,000*

Please describe details of the proposed project with an itemized material list including cost breakdown (or estimated cost if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Source of Matching Funds: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Continued on next page.**



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How did you hear about the ACE Grant Program?

\_\_\_\_\_ MSF Employee

\_\_\_\_\_ Agent

\_\_\_\_\_ Safety Management Consultant

\_\_\_\_\_ Website

\_\_\_\_\_ Other: \_\_\_\_\_

Other Requirements:

1. Attach documentation of matching funds, including a letter clarifying source of funds as a dedicated matching funds grant.
2. Attach a copy of 501(c)3.
3. Grant requests from organizations with a religious connection may be funded if the grant will be used for a secular rather than a religious function. Please include documentation for our review verifying your function if you are an organization in this category.
4. Montana State Fund does expect that any funds awarded through the ACE program will be properly used in the manner specified in the grant application. We will require you to provide us with a final report and accounting of the use of the funds within 30 days of completion of the project.

Thank you for your request and for helping to make a difference in your community. If you have questions about the ACE Grant Program contact Rita Naylor at 406-495-5292.

Grant nominations and requests should be sent to:

**Assisting Charitable Endeavors (ACE) Program**

**P.O. Box 4759**

**Helena, MT 59604-4759**

**Fax: 406-495-5026**