GALLATIN COUNTY
FY 2025 PRIORITY APPLICATION FOR FUNDING
FISCAL YEAR: 07-01-2024 to 06-30-2025

DEADLINE FOR APPLICATIONS IS 3:00PM FRIDAY, MAY 17th, 2024
INCOMPLETE OR LATE APPLICATIONS MAY NOT BE CONSIDERED

APPLICATION INSTRUCTIONS

Applications must be submitted to the Finance Department by e-mailing finance@gallatin.mt.gov or mail/deliver to Gallatin County Finance Department, 311 West Main Rm304A, Bozeman, MT, 59715. *Allow extra days for mail delivery in order for your application to be received on-time. **Electronic submissions are preferred.***

Each question must be answered for an application to be considered complete. Applications will be considered based on the quality and thoroughness of the responses provided. To be eligible for funding, agencies must have not-for-profit status and provide a service. Continued funding is not automatic and should not be assumed for future years.

Questions regarding the application or review process should be addressed to the Finance Department at (406) 582-3094, or e-mail finance@gallatin.mt.gov.

ORGANIZATION/AGENCY NAME	
CONTACT PERSON & TITLE	
MAILING ADDRESS	
TELEPHONE NUMBER	EMAIL
LEGAL STATUS OF AGENCY	
EIN NUMBER	
TOTAL COUNTY DOLLARS REQUESTED	

In the space below, briefly state the organization's mission and program goals. (limit 250 characters)

The Board approved an application for County funding on _____ (meeting date).

X	X
SIGNATURE of EXECUTIVE DIRECTOR/CEO	***SIGNATURE of BOARD PRESIDENT/CHAIR***
PRINT NAME & TITLE:	PRINT NAME & TITLE:
DATE:	DATE:

NAME OF ORGANIZATION	
NAME or TITLE OF PROJECT	

PROJECT CATEGORY (select one): ☐ NEW ☐ EXPANDED ☐ EXISTING
To activate checkboxes, double-click on box and select default value "checked."

<mark>**FUNDING WILL BE ONE-TIME FUNDING FOR FY25 ALIGNED WITH THE PRIORITIES THAT THE COMMISSION HAS SET FORTH FOR THE CURRENT BUDGET CYCLE. ALL APPLICATIONS THAT FALL OUTSIDE OF THESE PRIORITIES WILL NOT BE CONSIDERED**</mark>

COMMUNITY NEED(S) BEING ADDRESSED (select one):
☐ ALT-TRANSPORTATION; SAFETY ☐ COUNTY WATER ☐ HOUSING; SHELTER; AFFORDABILITY

PROJECT NARRATIVE

A. PROJECT OVERVIEW

Note that when information on your "Project" is requested, ***your narrative must include only a description of the project/services for which you are seeking County funding***. Two page maximum.

A1. Describe the project or program for which you are seeking County funds. (limit 250 characters)

A2. Briefly describe the need for this project in Gallatin County. Document, using local statistics, how you determined that need. (limit 300 characters)

*A3. How does **your** project meet the local need? (limit 250 characters)*

B. AGENCY NEED

*B1. **Priority will be given to programs with a documented need of County support.** If County funding were not available for this project, what would be the consequences? (limit 250 characters)*

B2. If you are requesting an increase in funding over your FY24 County allocation, describe in detail the need for additional funding and how the additional funds will be used. (limit 300 characters)

C. Implementation

C1. Describe how you will assess the progress of the project. (limit 250 characters)

C2. For existing projects, describe the progress/outcomes for the current year. (limit 500 characters)

C3. How many unduplicated clients were served/benefited specifically from the County-assisted project?

_____ In the last fiscal year?

_____ In the current fiscal year?

_____ To be served or benefited in the next fiscal year?

D. LEVERAGE

D1. Will your proposal leverage additional agency or other community resources? If so, describe. (limit 250 char.)

*D2. Does your agency collaborate with other agencies in the community on the proposed project? If so, please list the agencies and describe how services are coordinated **and not duplicated**. (limit 250 characters)*

E. CAPACITY

E1. Describe your agency's capacity, including amount of staff time dedicated, experience and expertise of staff, to administer the project for which funding is requested. (limit 250 characters)

E2. Organizational Employees and/or Volunteers – Please list the following:

	Project	Agency Wide
Employees (in Full-Time Equivalents)	_____	_____
Active volunteers	_____	_____
Annual volunteer hours	_____	_____

BUDGET DETAIL
Print another sheet for additional lines

A.   ORGANIZATION BUDGET – ALL ACTIVITIES (round to nearest dollar)

REVENUES

SOURCE (Please list sources over 10% of total budget. Sources less than 10% can be lumped together.)	FY 23-24 CURRENT BUDGET	FY 23-24 ESTIMATED YEAR END	FY 2024-2025 REQUESTS	FY 2024-2025 REVENUE CONFIRMED? Y/N	COMMENT
Gallatin County Request					
TOTAL					

EXPENSES

DESCRIPTION	FY 23-24 CURRENT BUDGET	FY 23-24 ESTIMATED YEAR END	FY 2024-2025 AGENCY BUDGET	FY 2024-2025 PROJECT BUDGET	COMMENT
Salaries & Wages					
Employer Contributions					
Personnel Subtotal					
Operating Subtotal					
Capital Outlay (spend this yr.)					
Capital Reserve (future yr.)					
Capital Subtotal					
TOTAL					

B.   PROJECT BUDGET

B1. Describe how funding from Gallatin County will be spent for the project. Include details on personnel, where applicable. (limit 500 characters)