

Anaconda Community Foundation

Community Grant Application

About This Application

The Anaconda Community Foundation (ACF) is committed to strengthening our community by supporting local organizations and initiatives that improve quality of life, address community needs, and create lasting impact in Anaconda- Deer Lodge County.

Through this grant program, ACF seeks to partner with organizations whose work aligns with our mission and reflects a shared commitment to community wellbeing, collaboration, and responsible stewardship of resources.

Organization Information

Organization Name: _____

Legal Name (if different): _____

Address: _____

City/State/Zip: _____

Employer Identification Number (EIN): _____

Phone: _____ Website: _____

Executive Director / Board Chair

Name: _____ Title: _____

Phone: _____ Email: _____

Primary Contact for This Application

Name: _____ Title: _____

Phone: _____ Email: _____

Tax Status

Is your organization a 501(c)(3) nonprofit? Yes No

If no, are you a public agency? Yes No

If no, please provide your fiscal sponsor's name and EIN:

Proposal Overview

Brief Summary (2–3 sentences)

Please describe your request and the impact it will have in our community.

Population Served: _____

Geographic Area Served: _____

Type of Request (check one):

Program / Project Support

General Operating Support

Capacity Building

Other: _____

Project Timeline (if applicable)

Start Date: _____ End Date: _____

Fiscal Year End: _____

Funding Request

Amount Requested: \$ _____

Total Organizational Budget: \$ _____

Total Project Budget (if applicable): \$ _____

Organization & Community Impact

1. Mission and Work

Briefly describe your organization's mission and how your work contributes to the wellbeing of the Anaconda community.

2. Programs and Impact

Describe your current programs or services. What are you most proud of? What impact are you having?

3. Community Need

What need or opportunity in the community does this request address?

4. Collaboration

How does your organization work with other groups or partners in the community?

5. People Served

Who benefits from your work? Please describe the populations you serve.

Project or Funding Request Details

6. What will this funding support?

Describe the activities, services, or operations this grant will help fund.

7. Anticipated Outcomes

What changes or results do you expect to see as a result of this funding?

Evaluation & Learning

8. Measuring Success

How will you know your work is successful?

9. Use of Results

How will you use what you learn to improve your work?

Partnership & Acknowledgement

ACF values strong partnerships with our grant recipients. If awarded funding, organizations agree to:

- Acknowledge the Anaconda Community Foundation in public communications related to the funded work
- Share updates or outcomes that help demonstrate community impact
- Participate in reasonable opportunities to share their work with ACF donors, board, or community
- Steward grant funds responsibly in alignment with the approved purpose

Authorization

By submitting this application, the undersigned certifies that the information provided is accurate and that the organization will use any awarded funds for charitable purposes consistent with this request.

Name: _____

Title: _____

Signature: _____

Date: _____

Required Attachments

Please include the following:

- Most recent financial statements (and Form 990 if applicable)
 - Current organizational budget
 - Project budget (if applicable)
 - List of board members and affiliations
 - Brief description of key staff
 - IRS determination letter (or fiscal sponsor documentation)
 - List of additional funding sources (committed or pending)
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Optional Budget Templates

(Organizations may submit their own format if preferred.)

Community Collaboration

The Anaconda Community Foundation values collaboration and partnerships that strengthen the community and maximize the impact of charitable resources.

Please describe how your organization collaborates with other community groups, nonprofits, schools, public agencies, or businesses working in similar or related areas.

Include information about:

- Current partnerships or collaborative efforts
- How your work complements or supports other organizations in the community
- Any shared resources, joint programs, or coordinated services
- How your organization avoids duplication of services and strengthens the overall network of support in Anaconda/Deer Lodge County

If collaboration is a key part of this request, please briefly describe those partnerships and how they contribute to the success of the project.

Is this project being implemented in partnership with another organization?

- Yes
 No

If yes, please describe the partnership and roles:
