

**APPLICATION FORM – PLANNING PROJECTS
MONTANA DEPARTMENT OF COMMERCE
BIG SKY ECONOMIC DEVELOPMENT TRUST FUND (BSTF)
PLANNING PROJECTS**

Please reference the Application Guidelines for a complete explanation of required application information.

I. APPLICANT INFORMATION - CRDC/EDO/TRIBAL GOVERNMENT	
Name of Eligible Applicant	
Authorized Contract Signatory (Full Name & Title)	
Email Address of Contract Signatory	
Daily Contact Person (Name & Title)	
Address (Street, City and 9-Digit Zip Code)	
Phone Number	
Email Address	
Fax Number	

II. PROJECT SUMMARY INFORMATION	
Name of Project	
Proposed Use of BSTF Funds: <small>Eligible Activities Listed in Section II. C of the Application Guidelines</small>	
Physical Address of the Project	
County	
Total Project Cost <small>It is recommended that cost estimates be included with the application to document the cost of the proposed project.</small>	
Amount of BSTF Funds Requested <small>The amount of BSTF Funds should not typically exceed \$26,250. \$25,000 for project assistance and up to \$1,250 (5%) for eligible administrative activities.</small>	
Type of Assistance Requested (Grant or Loan)	
Total Cash Match <small>As stated in Section V. Application Review of the Guidelines --matching funds are expected and will be considered when reviewing the merit of the application.</small>	
Name & Physical Address of Assisted Business (If Applicable)	
Contact Person for the Assisted Business	
Phone number of Contact Person for the Assisted Business	
Email address of Contact Person for the Assisted Business	
NAICS code of Assisted Business (If Applicable)	
Total Number of New Jobs to be Created (If Applicable)	
<i>If New jobs are to be created, please provide information regarding the types of jobs to be</i>	

created (i.e. Full-time, Part-Time, Direct or Indirect, potential number of BSTF eligible jobs, etc.).

III. PARTNER ORGANIZATION(S) (IF APPLICABLE)

Local economic development organizations may be involved in implementing and administering a project if the eligible applicant agrees to such an arrangement. If a partner EDO will be involved in the project, please provide the information in this section.

Organization	
Contact Person (Full Name & Title)	
Address (Street, City and 9-Digit Zip Code)	
Phone Number	
Email Address	
What are the partner organizations responsibilities relative to completing the proposed project?	

IV. PROJECT

Please describe, in detail, the proposed project:

Please describe the Assisted Business:

Please describe what activities the BSTF funds will be used for:

Identify the entities involved in completing the proposed project, including management of the project/staff plan:

Provide an Implementation Plan or Timeline for the proposed activities from start-up through closeout:

Specify if outside profession services will be procured:

Please provide any relevant historic information on this project or the region it could support:

V. PROJECT OBJECTIVES
<i>Please describe, in detail, the objectives of the project. (What are the objectives?)</i>

VI. PROJECT DELIVERABLES
<i>Please describe, in detail, the deliverables of the project. Include a bulleted list detailing what will be delivered to the Department demonstrating objectives were met at the end of the project. (What are the deliverables?)</i>
<i>What is the intended use of the documents to be created with BSTF assistance? (Examples – the PAR Document will be used towards an application to the MT CDBG Program. The conceptual design drawing will be the basis for an building permit from the City of the construction of the new facility.) WE HIGHLY ENCOURAGE YOU TO CHECK WITH THE END FUNDERS FOR THEIR SPECIFIC REQUIREMENTS.</i>

VII. PROJECT ECONOMIC IMPACT STATEMENT
<i>Please provide a summary of the impacts (both positive and negative) the project would have on the state, regional and community economy.</i>

VII. PROJECT SOURCES & USES OF FUNDS					
	SOURCE: BSTF	SOURCE: Match	SOURCE:	SOURCE:	TOTAL PROJECT COST:
Administration (up to 8%, 750 min, \$2,000 max)					
Professional Services					
Other:					
TOTAL PLANNING PROJECT	\$	\$	\$	\$	\$

List cash and in-kind contributions separately.

BUDGET NARRATIVE
<i>Provide a total project cost breakdown</i>
<i>Provide a narrative including the source, use, and status (ie. On hand, awarded, committed, applied for, etc.) for all funds to be utilized in satisfying the program matching funds requirement.</i>
<i>Provide a description with documentation that details how all project costs are verified, specifying</i>

how and by whom they are determined (i.e. who prepared the cost estimates, equipment lists, etc.) and describe that the cost estimates are reasonable and complete.

Please describe what other funding sources you considered and why those funding sources were not pursued?

Provide a total project cost breakdown. List separately any cash and in-kind contributions to the project. Provide a narrative describing each cost line item listed above. This should include a description of each activity that will need to be undertaken in order to complete the project, the source of funding, the status of the funds, and the responsible entity. Include cost estimates and/or quotes for any professional services or vendors to be utilized and letters of commitment for entities providing matching funds.

Note: The Department will withhold ten percent (10%) of the total amount awarded until the Department verifies that all tasks outlined in the contract have been completed and approved by the Department.

VIII. CERTIFICATION BY CRDC, ELIGIBLE EDO, LOCAL or TRIBAL GOVERNMENTS

As the responsible authorized agent of _____, I hereby submit this Big Sky Economic Development Trust Fund Application, and will comply with all requirements set out in the BSTF program guidelines in the implementation of this project.

The information presented in this application is, to the best of my knowledge, true, complete and accurately represents the proposed project. I understand that additional information and documentation may be required. In addition, I understand that the applicant and the assisted business receiving BSTF financial assistance are liable for the full amount of the award that is advanced by the Department if the assisted business: misrepresents itself or its claims, fails to inject the required amount of match into the project as specified in the executed contract. I understand that additional information and documentation may be required.

_____ will accept responsibility for management of the project and compliance with Big Sky Economic Development Trust Fund regulations, and is the authorized contact for the release of additional information and/or documentation regarding this application.

Name (typed): _____
Title (typed): _____
Authorized Representative
Signature: X _____
Date: _____

CERTIFICATION BY ASSISTED BUSINESS

We acknowledge and understand that the CRDC/EDO/LOCAL or TRIBAL GOVERNMENT is submitting a funding application to the Montana Department of Commerce – Big Sky Economic Development Trust Fund Program (BSTF) on our behalf to assist with the proposed planning efforts.

We acknowledge and understand that any document prepared with public funds is subject to public's right to know (Article II, Section 9 of Montana Constitution).

ASSISTED BUSINESS

Name (Typed) _____
Title (Typed) _____
Authorized Representative
Signature X _____
Date _____

APPENDIX G: APPLICATION CHECKLIST FOR PLANNING GRANTS FOR PAPER APPLICATION

Please include the following information with your application.

Page/Tab Number _____

1. Application (Appendix G)

Have you included?

- I. Applicant Information
- II. Project Summary
- III. Partner Information (if applicable)
- IV. Project Information, including
 - a. *The nature of the proposed activity,*
 - b. *The nature of the assisted business (if applicable),*
 - c. *For which activities the BSTF funds will be used,*
 - d. *Identify the entities involved in completing the proposed project, including management of the project/staffing plan, and*
 - e. *An implementation plan/timeline for project activities start-up through closeout.*
- V. Project Objectives and details regarding the final deliverables
- VI. Project Economic Impact Statement (both negative and positive)
- VII. Project Sources and Uses of Funds form
 - a. *Narrative describing each cost item including a cost estimate or price quote.*
 - b. *Letters of commitment for matching funds.*

2. Signed Certification by Applicant and Assisted Business _____

3. Supporting Documentation: *Attach all supporting documentation. This could include letters of support from organizations, businesses or communities as well as any other documents you feel is beneficial.*

- a. (Description) _____

LOCAL OR TRIBAL GOVERNMENT APPLICATIONS:

Local or Tribal Government Resolution, if applicable _____