

MONTANA CATTLEWOMEN, INC.  
APPLICATION FOR  
2016/2017 EDUCATION/PROMOTION PROJECT FUNDING

Mail completed application to: MCW Secretary Missy Cox, 55 Cox Lane, Winston, MT 59647

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 and 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? \_\_\_\_\_

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 \_\_\_\_\_  
(Please Sign)

Phone Number of person completing this application \_\_\_\_\_

Email of person completing this application \_\_\_\_\_

Has your Montana CattleWomen, Inc. local paid their affiliation dues for 2017? \_\_\_\_\_

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Recommendation of Steering Committee: \_\_\_\_\_

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

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