# 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.*

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| 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 |        |

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| II. PROJECT SUMMARY INFORMATION |
| Name of Project |        |
| Proposed Use of BSTF Funds:Eligible Activities Listed in Section II. C of the Application Guidelines |        |
| Physical Address of the Project |        |
| County |        |
| Total Project CostIt is recommended that cost estimates be included with the application to document the cost of the proposed project. |        |
| Amount of BSTF Funds RequestedThe 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. |        |
| Type of Assistance Requested (Grant or Loan) |   |
| Total Cash MatchAs stated in Section V. Application Review of the Guidelines --matching funds are expected and will be considered when reviewing the merit of the application. |  |
| 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) |        |

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| 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.*  |

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| 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?  |        |
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| IV. PROJECT  |
| *Please describe, in detail, the proposed project:*  |
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| *Please describe the Assisted Business:* |
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| *Please describe what activities the BSTF funds will be used for:* |
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| *Identify the entities involved in completing the proposed project, including management of the project/staff plan:* |
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| *Provide an Implementation Plan or Timeline for the proposed activities from start-up through closeout:* |
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| *Specify if outside profession services will be procured:* |
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| *Please provide any relevant historic information on this project or the region it could support:* |
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| V. PROJECT OBJECTIVES  |
| *Please describe, in detail, the objectives of the project. (What are the objectives?)* |
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| VI. PROJECT DELIVERABLES |
| *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?)* |
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| VII. PROJECT ECONOMIC IMPACT STATEMENT |
| *Please provide a summary of the impacts (both positive and negative) the project would have on the state, regional and community economy.* |
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| 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.***

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| BUDGET NARRATIVE  |
| *Provide a total project cost breakdown* |
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| *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.* |
|       |
| *Provide a description with documentation that details how all project costs are verified, specifying 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.* |
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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.

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| VIII. CERTIFICATION BY CRDC, ELIGIBLE EDO, or TRIBAL GOVERNMENT |
| 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: |        |   |
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