



Community Project Application

Please fill out completely and email to mmoyer@3rivers.net or mail to the Teton County Health Department, 905 4th St NW, Choteau, MT 59422. If you have questions regarding the application process, contact Melissa Moyer at mmoyer@3rivers.net or 406-466-2562.

Section 1: Responsible Person

Each project must list one or more individuals as the “responsible person”, who will receive funds, maintain accountability for the funding, and oversee the success of the project. The responsible person will be required to provide the HTCC with a monthly update of project progress either via email or in person at the monthly coalition meetings, until the completion of the project. Please provide complete contact information for the responsible person submitting this application.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Fax: _____

Home Phone: _____ Work Phone: _____

Name of Group (if applicable): _____

Section 2: Project Description

Project Title: _____

Describe the project and activities that it will involve:

Please describe the need for this project in Teton County, and any relevant background or evidence that the project will be successful:

List the main goals or objectives of this project:

1.
2.
3.
4.

What is the timeline for this project? Provide detail regarding when you expect project activities to be accomplished.

Start date: _____ End date: _____

Describe activity	Expected implementation date(s)

Section 3: Budget and Funding

How much funding are you requesting from the Healthy Teton County Coalition (up to \$1,000)?

Please detail all other sources of funding for this project. This may include funding and support in the form of grants, in-kind donations, volunteer hours, or otherwise.

Source and Description	Amount	Confirmed?

Please describe the budget for this project.

Activity/Item	Amount

Section 4: Monitoring and Evaluation

How many people in each age group do you expect to benefit from this project (an estimate is acceptable)?

0-5 _____ 6-10 _____ 11-18 _____ 19-25 _____ 26-59 _____ 60+ _____

Describe how you will monitor progress of this project as it is being implemented and how you intend to measure its success upon completion.

Section 5: Declaration

I (the responsible person named in Section 1) confirm, on behalf of all parties involved in the proposed project at hand, that I am authorized to submit this application and that to the best of my knowledge all the information given in this application is true and accurate.

Name (print): _____

Signature: _____ Date: _____

Submit completed application and any other materials you feel may help us make a decision about your project to one of the following:

Email: mmoyer@3rivers.net

Mail: Teton County Health Department, 905 4th St NW, Choteau, MT 59422

Fax: 406-466-5292