



**HOUSE BILL 645 Montana Reinvestment Act  
MONTANA DEPARTMENT OF COMMERCE  
State Tribal Economic Development Commission (STEDC)  
TRIBAL INFRASTRUCTURE AND ENERGY EFFICIENCY PROGRAM**

**APPLICATION FORM**

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

**Name of Applicant:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Amount of Request** (\$617,937.50 maximum): \_\_\_\_\_

**Tax ID Number:** \_\_\_\_\_

**Project Contact Person:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Project Description:** (please provide a description of the project: location, summary of the project, projected cost)

**Impact:** (Please state the infrastructure and energy efficiency impact the project will have on the geographic area and its residents. Please be specific as to the number of jobs that will be created OR retained.)

**Funding/Collaboration:** (Please state all partnerships and/or collaborative funding sources that have been committed to the project. Examples would include any federal or state grants or loans. Identify and state all collaborative organizations, individuals, and/or agencies that will provide in-kind resources to the project.)

**Administration:** (Please state how the project will be administered. Include key staff and qualifications, and where the office or project will be located (who, where and how). All applicants must have the management capacity to undertake and satisfactorily complete the project applied for,

and assure proper management of Program funds. Grant recipients must have the capacity to specifically assure proper tracking and recording of Montana Reinvestment Act funds, including collection and reporting of the number of jobs saved or created by any project awarded Program funding and specific information about all subcontractors engaged in any work funded by a Program grant.)

**Budget:** (Please provide a detailed project budget that shows all project costs and all sources of funding. By reference, the budget will be incorporated into the application as Appendix B “Project Budget.”)

**Project Implementation Schedule:** (Please provide a project implementation schedule that describes the overall schedule for project completion. Regarding the implementation schedule please be aware that HB 645 states “A recipient of funds under this section must expend the funds by September 30, 2010. Unexpended funds must revert to the state and be deposited in the state general fund.” By reference, the schedule will be incorporated into the application as Appendix C “Project Implementation Schedule.”)

**Reporting:** (Please identify a person(s) who will be the contact person for the duration of the project and who will be responsible for providing information and progress reports to the STEDC.)

Project Reporting Contact Person:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Supporting Documents:** (Please attach any letters of support and other documentation such as other federal and/or state grant award letters that will assist the STEDC in documenting project support.

**Attachments that must accompany this application:**

1. A formal tribal governmental resolution supporting the project or an official letter from the tribal chair or president authorizing the application to the Program.
2. A digital photograph of the area of each proposed improvement.

*Images are subject to the following constraints:*

*Width: 100 min, 1000 max*

*Height: 100 min, 1000 max*

*File Size: 10,000 KB*

*Image type: gif, jpg*

*Note: a digital photograph of completed project will be required for project closeout. Please call the State Tribal Economic Development Commission at 406-841-2821 if you need assistance in sizing your photographs.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Tribal Chairperson or Other Designated Authority