GRANT APPLICATION
FOR CHARITY / ORGANIZATION

APPLICATION DATE: _____

NAME OF CHARITY / ORGANIZATION, Address & Contact Name with Phone Number, who you would like check made out to and where you want it sent:

Affiliated Sletten Employee:
Employee / Requesters Ties with **CHARITY / ORGANIZATION**:

Region Area Office:
☐ Great Falls ☐ Missoula ☐ Billings ☐ Las Vegas ☐ Phoenix ☐ Boise ☐ Casper ☐ Cody ☐ Laramie

Main Purpose of Charity / Organization:

Amount Requested or Desired and Why:

FOR COMMITTEE USE:	
☐ APPROVED	☐ NOT APPROVED
Amount of Funds Approved:	
Reason for Disapproval:	
Signed by Committee Chairman:	
Phase:	2711-25030/01 8011
NOTE: EMPLOYEE INVOLVEMENT SHOULD CARRY MORE WEIGHT OVER GENERAL APPLICATIONS	