



COMMUNITY DEVELOPMENT DIVISION

MONTANA MAIN STREET PROGRAM

301 S Park Avenue | PO Box 200523 | Helena, MT 59620-0523

Phone: 406-841-2770 | Fax: 406-841-2771 | TDD: 406-841-2702 | comdev.mt.gov

REQUEST FOR FUNDS FORM

On behalf of the _____, a request is
(insert Grantee's name here)

hereby made for a draw of funds from the Montana Main Street Grant Program: Contract Number

Draw Request #: _____ Amount: \$ _____

Requested by:

Signature of Authorized Representative

Title

Name (printed or typed)

Date

Please attach all relevant invoices to the completed Request for Funds Form. Remember that payment requests **must be accompanied by a completed Project Progress Report.**

Retain a photocopy for your records and mail the original to:

Montana Main Street Program
Community Development Division
Montana Department of Commerce
PO Box 200523
Helena MT 59620-0523