



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 (two signatures required):

_____ Signature of Authorized Representative	_____ Title
_____ Name (printed or typed)	_____ Date
_____ 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