



Quality Schools Grant Program

301 S Park Avenue — PO Box 200523 — Helena, Montana 59620-0523

Phone: 406-841-2770 — Fax: 406-841-2771 — TDD: 406-841-2702 — comdev.mt.gov/Programs/QualitySchools

**PLANNING GRANT
DRAW REQUEST FORM**

On behalf of the _____, a request is
[School District]

hereby made for a draw of funds from the Quality Schools Grant Program.

Contract Number: _____ in the amount of \$_____.

REQUESTED BY:

Signature of Authorized Representative

Title

Name (printed or typed)

Date

Please attach **all relevant invoices** detailing your request for payment to the completed Drawdown Request 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 Department of Commerce
Community Development Division, Planning Bureau
301 South Park Avenue
PO Box 200523
Helena, MT 59620-0523