

Bitter Root RC&D Area, Inc.



1709 N First * Hamilton, MT 59840
(406) 363-1444 Ext. 5 * FAX (406) 363-5011 or 363-5451



bitterrootrcd.org

Email: bitterrootrcd@cybernet1.com

REQUEST FOR ASSISTANCE

Thank you for seeking assistance from the Bitter Root RC&D. In order to provide the most appropriate service required by you, please complete the following questions, where applicable, as detailed as possible, so we may consider your request.

PROJECT MANAGER: Designate a single individual. (All communications regarding this project will be directed to this person.)

Name: _____

Position/Title: _____

Address: _____

Phone: _____ **FAX:** _____

Email: _____ **Other:** _____

REPRESENTING:

Organization/Business: _____

Legal Status: 501(c)3 _____ 501(c)4 _____ 509(a) _____ School District _____

Board of Directors: YES ___ NO ___ **By Laws:** YES ___ NO ___

Unit of Government (please explain) _____ **Other (please explain)** _____

1) **Provide Name of Project:** _____

2) **Mission of this Project:** _____

3) **Specifically, what do you need from the Bitter Root RC&D?**

4) How long have you or your organization been working to accomplish this effort?

5) What accomplishments have been made to date?

6) What other resources have you pursued and what were the results?

7) What beneficial results do you expect your project to bring to the area covered by the Bitter Root RC&D Area?

8) Will this project need Job Corps assistance? _____

9) Other Comments: _____

Proposed by: _____ Date: _____

Signature of Contact Person

Please mail your request or bring it in to the RC&D office, 1709 North First Street, Hamilton, MT 59840.

The Bitter Root RC&D Board of Directors will review your request and respond as soon as possible.

If you have any questions, please call (406) 363-1444 Ext. 5

For office use

Approved: _____ Committee: _____ Date: _____

Council Approved: _____ Date: _____