

**REFLECT: Community Readings & Conversations
APPLICATION**

SPONSORING ORGANIZATION(S)

Name _____

Address _____ Phone _____
Street or Box City Zip Code

Is this a non-profit organization? Yes ___ No ___ Email: _____

PROGRAM COORDINATOR

Name _____ Email: _____

Address _____ Phone _____
Street or Box City Zip Code

NUMBER OF PROGRAMS AND FACILITATORS REQUESTED

Number of Discussions Requested _____

Facilitator(s)
Requested _____

LOCATION, DATE, AND TIME OF DISCUSSION(S)

Estimated Group Size _____

COST-SHARE ESTIMATE

As a program sponsor I agree that my organization will account for and report volunteer and/or staff time, mileage, the value of venue space, meals, and other contributions (both in-kind and cash), which will amount to at least \$400.

Program Coordinator's signature

Return this completed form at least four weeks before your program to:

Humanities MONTANA
311 Brantly, Missoula, MT 59812-7848