



## **Rosebud County Community Impact Funding Youth Activities Application for 2026**

### **Applicant Information**

- **Organization/Business Name:** \_\_\_\_\_
- **Contact Person:** \_\_\_\_\_
- **Title/Role:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Mailing Address:** \_\_\_\_\_

### **Project Information**

- **Project Name:** \_\_\_\_\_
- **Estimated Start Date:** \_\_\_\_\_ **Estimated End Date:** \_\_\_\_\_
- **Total Funding Requested:** \$ \_\_\_\_\_

**Project Description:** *Provide a brief overview of the project, its goals, and the specific youth activities it will support.*

**Community Impact:** *Explain how the project will benefit local youth.*

**Budget Breakdown:** *List/Documentation of key expenses & estimates of how the requested funds will be used.*

**Matching Funds (if applicable):** *Indicate any other funding sources that will support this project. Matching funds can include financial contributions, in-kind donations, or volunteer labor.*

**Evaluation & Sustainability:** *Describe how you will measure success and whether the project will continue beyond the funding period.*

**Authorization:** I certify that the information provided is accurate and that funds will be used solely for the project described.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

 **Submit completed applications to:** [ahert@semdc.org](mailto:ahert@semdc.org) by 5:00 PM Friday April 17, 2026

 **Questions? Call:** 406-748-2990

 **More info:** [www.semdc.org](http://www.semdc.org)