



MONTANA
DEPARTMENT OF COMMERCE

COMMUNITY DEVELOPMENT DIVISION
Quality Schools Grant Program

301 S. Park Ave. ★ P.O. Box 200523 ★ Helena, Montana 59620-0523
Phone: 406-841-2770 ★ Fax: 406-841-2771 ★ TDD: 406-841-2702 ★ <http://commerce.mt.gov/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:

Quality Schools Grant Program
Community Development Division
Montana Department of Commerce
PO Box 200523
Helena MT 59620-0523