



D.A. Davidson & Co.
 Davidson Trust Co.
 Davidson Investment Advisors
 Davidson Fixed Income Management
 Davidson Travel

Grant Application

Date _____

We are a 501(C)(3)→ (yes or no)	
Do you pay individuals to fundraise for your organization? (yes or no)	

Organization Name					
Focus Area	<i>Education</i>	<i>Human Services</i>	<i>Art / Culture</i>	<i>Conservation</i>	<i>Other</i>
Age group served - (check all that apply)	<i>Babies/toddlers</i>	<i>Youth</i>	<i>Young adults/adults</i>	<i>Aging</i>	<i>All Ages</i>
Address					
Address					
City		State		Zip	
Telephone		Fax			
Email					
Website					
Executive Director				Phone	
Grant Contact Name				Phone	

Mission of Organization: (1-2 brief sentences or add an attachment)

Project Information

Project Title			
Amount requested from Davidson Companies		In the past 12 months, have you requested a grant from Davidson Companies? (yes or no)	
Total amount needed to complete project			
Project Date			

Will your project proceed if Davidson Companies does not support it? (yes or no)

Is anyone from Davidson Companies currently working with your organization? (If yes, please provide name(s))	
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Brief summary of the project (or attach a summary)	(Please do not send videos/DVDs, books, magazines, or any items that must be returned.)
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Please provide a brief description of the sponsorship recognition for the grant level you are requesting.

Please allow 4 - 6 weeks for a reply. The Davidson Companies Giving Committee meets once a month, or as needed.

Please provide the name the check should be made payable to, if approved. The check will be mailed to the address provided on this form.	
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Mail, fax or email completed form to:
Davidson Companies Charitable Giving Committee
PO Box 5015
Great Falls, MT 59403
Fax 406-791-7357 Attn: Giving Committee
givingcommittee@dadco.com