



**DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES**

2025 Governor's Conference on Aging **Mini-Grant Application for Senior Projects**

Applications must be received by September 5, 2025

The purpose of the Mini-Grant Program is to help facilitate up-front funding of innovative ideas that will serve senior interests in local communities. Sponsorship and the silent auction fund these grants.

Governmental agencies or 501(C)(3) non-profit organizations may apply for one-time-only mini-grants ranging from \$200 to \$1,000. The community benefiting from the grant must have a population of fewer than 10,000. Recipients must provide photos of the completed project, account for the funds received, and submit a report to the Governor's Advisory Council on Aging by year-end.

Eligible activities encompass a wide range of services for Montana's seniors, such as training and education, support services development, and the creation or enhancement of ongoing services to meet specific or unmet needs within the community. Applicants should demonstrate collaboration with the aging network. Partnerships between the public and private sectors are encouraged.

Priority ranking of submissions will be based on the following:

1. Is this a serious unmet need/problem?
2. Is this a creative solution to the need/problem?
3. Is this a wise expenditure of funds?
4. What will happen to the project after the funding ends?
5. Is it a collaborative proposal?
6. Can the project be duplicated by other communities?

NOTE: Application must have a cover page followed by a narrative that addresses the questions on the application form, along with a completed W-9.

Send applications by September 5, 2025 to:

Governor's Conference – Mini Grant
DPHHS-SLTC
PO Box 4210
Helena MT 59605

Or fax to: 406-444-7743

Or e-mail to: Tessa Bailly at tessa.bailly@mt.gov

For more information, please call 1-800-332-2272 or direct 406-444-6061, and ask for Tessa.

2025 Governor's Conference on Aging Mini-Grant Application Form

Name:

Organization:

Address:

City/Zip Code:

Daytime Phone Number:

Email Address:

Amount Requested:

Who is responsible for the project:

Who is the sponsoring organization:

Will someone from the organization be able to attend the conference to receive the award? Yes No

If yes, who and what is their contact information?

I verify that the funds from this mini-grant will be used as detailed in our application, if received, and funds granted will be expended by June 30th, 2026.

Signature

Date

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Organization

Note: Applications need to address the following questions

1. Describe the problem/unmet need in the community and its effect on seniors.
2. Describe how you propose solving this need/problem.
3. Explain how you will collaborate with the aging network, and/or a senior/ community center in addressing this need and any on-going funding needs related to this problem or unmet need.
4. If this is a service or activity that can be duplicated in other communities, please describe how it can be replicated.
5. Provide a detailed budget for the proposed project.
6. Attach your W-9 with your application.