ROUSCH FAMILY PUBLIC TRUST FUNDS GRANT APPLICATION

Name of Organization Applying:_		
Name of Project Contact Person:		Contact Information:
Check or mark all entities below	that will benefit from this pr	oject:
Village of Butte	Butte Public School	Butte Museum
Butte Rural Fire District	Butte Township	Boyd County Road District 4 &6
Briefly describe the project and i	ts benefits to the Village of B	Butte Community:
Please attach an itemized estima	te of the cost of the project	including the vendor names listed for each item.
Signature of Representative		Date:
Office Use		