

IMPACT MONTANA

WARRIOR STRONG ⚡ MONTANA STRONG

Equipment Sponsorship Application

Name	Phone or Email	City/Town	Cost of Equipment
			\$

1. Service Member or Family Member (If Family Member, Skip to Question 6)	
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2. Service Branch		3. Years Served	
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4. Were You Involved in Overseas Contingency Operations? (Y/N)*		5. Do You Have a Service-Connected Disability? (Y/N)*	
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6. If You Are a Family Member Applying for Impact Sponsorship, What is the Relationship of Your Family Who Has Served?	
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7. How Often Per Week Do You Engage in Physical Fitness Activities?	
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8. Are You Willing to Volunteer in Your Community to Support Impact Montana?	
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9. Are You a Member of Any Veterans Service Organizations? If Yes, Which Ones?	
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Impact Montana event sponsorship policies apply. See reverse side for details.

*These questions will be used for research and to validate Impact Montana programs. All private information will be kept for internal use only and will be separate from research data. Research data will be shared with IM stakeholders and potential stakeholders.

Please explain the type of equipment you are seeking to purchase:

Briefly share with us what this financial support could mean to you if we are able to support this particular physical fitness equipment need:

Impact Montana, Incorporated
PO Box 6061
Helena, MT 59604
impactmontanateam@gmail.com

Form Number IM-ESF-1
Dated June 2015

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Applicant's Signature

Date

Impact Montana Rep Signature

Amount Granted

Date

Each applicant is eligible for up to \$500 in equipment support per application. Amount provided will be based on available funding and organizational determination. Applications will be reviewed on an as-needed basis. The applicant may request approval decision beginning at two months prior to the equipment purchase for planning purposes. The applicant may receive up to \$500 maximum towards equipment in any given calendar year. Successful applicants are highly encouraged to support Impact Montana through volunteering and sharing our organizational mission and purpose with other potential supporters and benefactors. This program and policy is subject to change without notice based on Impact Montana organizational needs. By signing this application the individual releases Impact Montana from all liability.

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