


MAGIP Request for Assistance

#16

Name of Organization	
Contact Person *	Tara Preston
Address	 97 Droulliard Ave Bozeman, MT 59719 United States
Phone Number	(406) 582-2251
Email *	tpreston@bozeman.net
Type of Assistance Requested *	<ul style="list-style-type: none">• GISP Support
Project Narrative *	Could I please get a letter listing all of my conference attendance. Let me know if you have any questions. Thanks!
Project Start Date *	Monday, February 2, 2015
Project Completion Date	

Applicant Resources to be committed to this project*

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