

## Municipal Partners Program

## **Contact Information**

ocal Government	:	
Main Contact Name	:	
Contact Title	:	
Mailing Addres	:	
Town, State, Zip Code	:	
Phone Number	:	
Email	:	

## **Membership Level**

\*Circle applicable membership level

Municipal Partne	er Program ContributionsF	FY 2024-25
All Cities and T	ownsPlus Non-Montana (	Counties
Population Size	Located on Route	Located Off Route
50,000 to 150,000	\$6,000	\$3,000
25,000 to 50,000	\$4,000	\$2,000
12,500 to 25,000	\$2,000	\$1,000
7,500 to 12,500	\$1,200	\$600
4,000 to 7,500	\$700	\$350
2,000 to 2,000	\$400	\$200
1,000 to 2,000	\$250	4125
500 to 1,000	\$150	\$100
0 to 500	\$100	\$75
If agency is an MPO or a Join	t City-County group, please grail.org to discuss contribut	