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## MAGIP Request for Assistance

#32

Name of Organization	
Contact Person *	Leslie Zolman
Address	 406 N Rodeny St Helena, MT 59601 United States
Phone Number	(719) 331-2674
Email *	<a href="mailto:lzolman@mt.gov">lzolman@mt.gov</a>
Type of Assistance Requested *	<ul style="list-style-type: none"><li>GISP Support</li></ul>
Project Narrative *	I need to renew my GISP. Can you give me one of your wonderful letters that lists the conferences, trainings, membership years and board membership?
Project Start Date *	Monday, November 1, 2010
Project Completion Date	Monday, September 12, 2016

Applicant Resources to be committed to this project\*

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