

Georgia District Civitan Foundation, Inc.
Louise Crapps
2454 Monterey Drive, N.E.
Marietta, Georgia 30068-3050
(For Civitan Year October 1, 2011 to September 30, 2012)

Matching Grant Request Form
Official Application

Club Name: _____ Contact Name: _____

Contact Phone: _____ Club Size: _____

Name of Project: _____

Location of Project: _____

Est. Start Date: _____ Est. Completion Date: _____

The major purpose of our Foundation's Matching Grant Program is to help Civitan Clubs with local service projects which do not have other sources of funding and which, without grants from the Foundation, might not be feasible.

Describe the project. Please describe in detail who will benefit from this project. (Attach additional pages, if needed.)

What will be the results of the project if a Matching Grant is not granted for this project?

Describe actual costs in detail: (Attach additional pages, if needed.)

What is the requested amount of the Matching Grant? (Matching Grants are currently limited to _____ to any one club in a single year.)

Describe how this project increases Civitan Awareness: (Attach pages, if needed.)

How many Civitan man-hours are anticipated to complete this project?

How many Non-Civitan man-hours are anticipated to complete this project?

Signature: _____ Date: _____

Position: _____

Please mail completed request form to the Georgia District Civitan Foundation, Inc. at the address at the top of the first page by the 15th day of the last month of any quarter for consideration by the Foundation Board at its next meeting.