## Georgia District Civitan Foundation, Inc.

Pam Brems, Chair **Matching Grants Committee** 3632 Belgray Dr. NW Kennesaw, GA 30352 (404) 797-3823 pamelabrems@gmail.com

(For Civitan Year October 1, 2022 to September 30, 2023)

## Matching Grant Request Form Official Application

Club Name:		Contact Name:	
Contact Phone:		Club Size:	
Name of Project:			
Location of Project: _		Start Date:	
Completion Date: _			
which, without games and to clubs for couraged. Clubs disabilities. Attach	grants from the Foundation routine on-going club ex should focus on projects the additional pages if need on the Please describe in details.	to not have other sources of funding on, might not be feasible. Grants ar penses. Multi-club special projects at that benefits people with developmed.  ail who will benefit from this pro	e not re en- iental
What will be the resul	ts of the project if a Mate	ching Grant is not granted for this	project?
Describe actual costs i			

	• .
Describe how this project increases Civitan Awareness: (Attach pages, if need	

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

What is the requested amount of the Matching Grant?

How many Non-Civitan man-hours (8-10 hours) are anticipated to complete this project?

I certify that the information contained in this request is true and correct.

Signature:	Date:
	(Club)
	(Title)
	(Mailing Address)
	(Telephone)
	(Email Address)

Please mail or email the 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.