



Georgia District Civitan Foundation, Inc.

Gerald Smith, Chair
Matching Grants Committee
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(For Civitan Year October 1, 2018 to September 30, 2019)

Matching Grant Request Form

Official Application

Club Name: _____ Contact Name: _____

Contact Phone: _____ Club Size: _____

Name of Project: _____

Location of Project: _____ Start Date: _____

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. Grants are not made to clubs for routine on-going club expenses. Multi-club special projects are encouraged. Clubs should focus on projects that benefits people with developmental disabilities. Attach additional pages if needed.

**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? \$ _____

Civitan man-hours are anticipated to complete this project? # _____

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

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

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

Signature: _____ Date: _____

_____ (Club)

_____ (Title)

_____ (Mailing Address)

_____ (Telephone)

_____ (Email Address)

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.

A copy of the application should be sent to Wayne Howell, Treasurer, Georgia District Civitan Foundation, Inc. at 715 Tee Box Drive, Griffin, GA 30223, hwhowell@me.com.