



## Request for Matching Funds

Name of School \_\_\_\_\_

**Matching Grant \$ \_\_\_\_\_ available upon request, in whole or in part, when funds have been raised and additional funds are needed to operate the program.** (If donations and fundraising total more than this amount, balance will be considered for future grants)

**Approx. # of children participating daily \_\_\_\_\_ #times operating per week \_\_\_\_\_**

**Funds Currently on Hand \_\_\_\_\_**

(Please attach statement of receipts & expenses for year to date)

### List of Donations/Fundraising

| Date Received | Received From | \$ Amount |
|---------------|---------------|-----------|
|               |               |           |
|               |               |           |
|               |               |           |
|               |               |           |
|               |               |           |
|               |               |           |
| <b>TOTAL</b>  |               |           |

Requested By: \_\_\_\_\_ Date Requested: \_\_\_\_\_

**For office use only:**

Outstanding Matching Liability \_\_\_\_\_(1)

Old Liability (2170) \_\_\_\_\_(2) New Matching (5035) \_\_\_\_\_(3) Cheq Total \_\_\_\_\_(4)

Cheque # \_\_\_\_\_ Date Issued \_\_\_\_\_

Balance not matched from this request \$ \_\_\_\_\_(5)

Additional New Matching (2170) \$ \_\_\_\_\_(6)

Balance Outstanding Old & New Liability \$ \_\_\_\_\_(7) (Line 1 - Line 2 + Line 6)

Date Matching Approved \_\_\_\_\_

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Program Director