



Applicant Organization	
Fiscal Year	2024
Type of Proposed Project	
Duration of Project	through
Total Match Required	\$
Total Match Proposed	\$

1. Contributing Organization/Individual (Third Party Name, Title, Address and amount)

	\$
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Description of Contribution (provide detailed computation to support value)

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2. Contributing Organization/Individual (Third Party Name, Title, Address, & Amount)

	\$
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Description of Contribution (provide detailed computation to support value)

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3. Contributing Organization/Individual (Third Party Name, Title, Address, & Amount)

	\$
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Description of Contribution (provide detailed computation to support value)

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Project Director Name	
Project Director Title	
Contact Phone Number	
Contact Email Address	

Executive Director/CEO

Date

*Supplemental documentation must be submitted with this application, if applicable (i.e., loans/lines of credit, signed Letter of Planned Investment, etc.).

**Further matching funds information found on page 9 of the CIG RFP.