### Matching Grant Form

To process your matching fund request as outlined in your Grant Agreement, please fill out this form. The Foundation will schedule its grant payment to occur within 45 days after it receives confirmation from the Grantee that the conditions of the matching grant have been satisfied. Required documentation includes a completed Matching Grant Form, along with the supporting documents. The documentation should show the amount received; this amount must have been received during the grant period. Please attach a letter or a copy of the check from funding source as proof of match.

Today’s Date

Grant #

Organization Name:

Project Title

Primary contact person and phone #

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Matching funds information

|  |  |  |
| --- | --- | --- |
| Name of funding source | Amount of match | Date match received |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

**Please mail or email this form with match documentation to:**

Anne Savastano, Grants Manager

Sisters of Charity Foundation of Canton

400 Market Avenue North, Suite 300

Canton, Ohio 44702

asavastano@scfcanton.org