

## **MATCHING GRANT APPLICATION**

Mail application to:

The Galena Foundation, Attn: Projects Committee, P.O. Box 1, Galena, IL 61036.

If approved, the Galena Foundation will award a grant of up to 50% of the project Cost

**Project Title**

**Location**

**Total Cost**

**Organization**

**Federal Tax ID**

**Street Address**

**City and State**

**Zip Code**

**Telephone**

**Email**

**Website**

**Contact Name**

**Please describe the project**

**Please list all partners**

**Please list all sources of funding**

- Please attach job estimates, designs, and any other supporting documentation.
- Submitting an application does not guarantee a matching grant will be awarded.
- Matching Grants are awarded for no more than 50% of the total project cost.
- Project must be complete within twelve (12) months of award.
- Recipients are not eligible for another award for twelve (12) months.

**Is the applying organization tax-exempt?      Yes      No**

**Signature \_\_\_\_\_ Date**