



Matching Grant Program Project Application

Name of Individual/Organization

Date

Name of Project Coordinator

Title

Street Address

City

State

Zip Code

Phone Number

E-mail Address

Name of project, location of project, brief project description (include benefit and financial commitment)

Anticipated project start date

Anticipated project completion date

Estimated total cost

Matching fund request

Application Policies

- > The proposed project conceptual plan must be submitted.
- > Proof of sufficient funds needed to complete the proposed project is required.
- > Approval of the proposed project in no way constitutes endorsement from Montgomery County in any way, shape or form.

I hereby authorize Montgomery County Parks and Recreation to verify the information provided on this application. I understand that completing this form obligates said individual or organization to completion of approved project. This application is for internal use of the department only.

Date

Signature of Responsible Person/Party