SOUTHWEST MD
ACTIVATION PROGRAM
// SWDISTRICT.ORG

Matching Fund Application

SOUTHWEST MD COMMUNITY ACTIVATION MATCHING FUND APPLICATION

Organization Name: _____

Mailing Address: _____

City: _____ **Zip Code:** _____

Contact: _____

Phone Number: _____

Email: _____

Amount Requested ($): _____

Federal EIN: _____

Organization Classification: _____ **501(c)3** _____ **501(c)4** _____ **Other**

Name of Project/Event: _____

Purpose of project: _____

Required Signatures

We certify that the attached proposal has been discussed and approved by the decision-making body of the organization and that all information contained herein is accurate. Should we receive funding from the Southwest District, we agree to abide by any stipulations or restrictions on the use of funds, provide any required reports on request, and complete projects on a timely basis.

_____

Organization Printed Name & Title | Signature | Date

_____

District Printed Name & Title | Signature | Date

Please include the following with your application:

• W-9 Form • Most Recent 990 • IRS Determination Letter (copy only)

FOR MORE INFORMATION TEAM@SOUTHWESTMANAGEMENTDISTRICT.ORG.

SOUTHWEST MD
ACTIVATION PROGRAM
// SWDISTRICT.ORG

Matching Fund Application

SOUTHWEST MD COMMUNITY ACTIVATION MATCHING FUND APPLICATION

PROJECT DESCRIPTION

INSTRUCTIONS: Please answer the following questions as completely as possible, explaining how your organization's project is compatible with the SWMD Matching Fund Program Guidelines.

1. **Provide your event details for event date:**
   - **Name of the Organization/Business:** _____
   - **Point of contact Name:** _____
   - **Point of Contact Email** _____
   - **Point of Contact Phone:** _____
   - **Event name:** _____
   - **Event description:** _____
   - **Event location (full address):** _____
   - **Event Date:** _____ **Time:** _____ **AM / PM**
   - **Estimated Number of Attendees:** _____
2. **Description of how the event will engage the community and support your business. Please be as descriptive as possible.**

_____

_____

_____

_____

_____

3. **Please identify permitting, licensing and safety requirements for this event, if any, that will comply with all applicable permits, licenses, and safety requirements.**

_____

_____

_____

_____

_____

Matching Fund Application

SOUTHWEST MD COMMUNITY ACTIVATION MATCHING FUND APPLICATION

4. **Describe specific steps that you will take to carry out your event or initiative. You may attach additional pages.**

5. ***W*ho will be involved with the event/initiative? How will your group involve other residents and/or organizations? List the names of other groups or organizations you are currently working with or plan to work with. You may attach additional pages.**

6. **How will you know that your proposed event/initiative is successful? Briefly describe how you will evaluate success. Tell us who from your group will be responsible for providing information that may determine the success of your proposed project and activities.**

7. **Describe how your proposed event will promote the Southwest Management District?**