

## **2020 MATCHING GIFTS PROGRAM APPLICATION**

Please complete this application and submit to	
	tified of their acceptance into the program by cation to Ryan at RAnderson@ssprd.org or Attn:
	6631 S. University Blvd, Centennial, CO 80121
Name of organization or individual:	
Contact person for organization:	
Mailing Address:	City: Zip:
Telephone: Em	ail:
*Total amount of project: \$	
*Applicant's proposed amount (must be half of	total project): \$
Location of park land or recreation facility for pr	•
(Note: The project MUST be on SSPR owned or	leased property. Visit the online map.)
Applicant's funding source (group treasury, me	mhershin nledges inrivate funding)
" " pp " carit o ramaning source (broup treasury, mei	

**Project description and proposed timetable:	
Is the organization/individual willing to provide maintenance, labor or dollars after project completion? If you can provide maintenance assistance, please detail:	
How did you learn about the Matching Gifts Program?	
Have you read and do you agree with the guidelines for the Matching Gifts Program?	
Yes NO	
*Applications for grants \$2,000 or less are more likely to be approved for funding. Although more costly projects may have great merit, the total budget for the Matching Gifts Program is \$15,000 and the intent of the program is to approve a number of projects throughout SSPR.	
**Proposed 2020 projects must be completed within the calendar year.	