

# CONSERVATION MATCHING GRANT APPLICATION

To be eligible for a matching grant, a chapter must be 990 compliant and have submitted their 30% for the fiscal year

Chapter Name: \_\_\_\_\_

Submitted By: \_\_\_\_\_

SCI Chapter Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_ Office phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Matching Grant Project (Include a detailed description of the program or project to be supported)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explanation of how this project will support the Conservation/Education/Humanitarian goal of SCI/SCIF.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of acknowledgement is your chapter or SCI receiving due to this project?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Contributed by Chapter: \$ \_\_\_\_\_ Amount Requested from SCIF for project: \$ \_\_\_\_\_

Name of Chapter or Organization to receive SCIF matching amount: \_\_\_\_\_

Contact name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chapter Representative

**Please send completed application and supporting documents to:**

Joseph Goergen  
SCI Foundation Conservation Department  
501 2<sup>nd</sup> St NE  
Washington, DC 20002 USA  
Fax: (202) 543- 1205

or

[jgoergen@safariclub.org](mailto:jgoergen@safariclub.org)  
Subject line: *Chapter's Name Matching Grant*