

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:

Michelle Tacconelli
SCI Foundation Conservation Department
501 2nd St NE
Washington, DC 20002 USA
Fax: (202) 543- 1205

or

mtacconelli@safariclub.org
Subject line: *Chapter's Name Matching Grant*