



2027-2028
Capital Improvement Fund Grant
Matching Application

(Minimum \$5,000, Maximum \$25,000 Grant from District REQUIRED Matching Funds)

1. Main Contact Information

Name: _____ Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
IRS Non-Profit Number: _____

2. List the officers of your organization involved in the project:

Name

Title

Phone

3. State the primary purpose of your organization:

4. Briefly describe how your organization is attempting to achieve its purpose:

5. Project Idea: Provide a good description of what the project is and why you want to do it
(attach additional papers to application if needed).

6. Submit Planning or Project Design – A plan design or report outlining specific actions that will serve as a guide for future action in, or changes to, the facility or park *(attached additional papers to application if needed).*

7. Briefly describe how the use of these funds will benefit or promote CRPD:

8. Identify sources of alternative funding you could utilize:

9. Identify your organization's major source of funding for 2027-2028:

10. How will your organization provide matching amounts of CRPD funding?

11. Demonstrate the widespread participation of uses that may benefit others from your project. Documented need and use is appropriate to the project and is representative of the needs of the community. Project is documented with supporting signatures that express participating and support for the project.

12. Project Budget *(attach additional papers if needed):*

- A. Description of Item:** List each resource needed to complete your project.
B. Source of Cost: List the source of each cost (attached proposals, estimates, etc.)
C. Cost: Calculate the total cost for each resources.

A - Description of Item	B - Source of Cost	C - Cost

Total Project Cost: _____