

TENNESSEE FEDERATION OF GARDEN CLUBS, INC.

ENDOWMENT TRUST FUND (ETF) MATCHING GRANT APPLICATION

Applicant Name: _____ District Number _____

Club President (or Director, Chair, etc.): _____

Address: _____

Phone: _____ Email: _____

Contact Person, if different from person listed above: _____

Address: _____

Phone: _____ Email: _____

Proposal/Description of Project:

NOTE: Applicant may also submit one page of additional information and pictures along with the application.

Proposed Beginning Date: _____ **Proposed Completion Date:** _____

Funding Sources and Amounts of Other or Matching Funds:

Amount Requested: _____ **Date Submitted:** _____

The applicant agrees to include this phrase (*PARTIAL FUNDING FOR THIS PROJECT IS PROVIDED BY THE ENDOWMENT TRUST FUND OF TENNESSEE FEDERATION OF GARDEN CLUBS, INC.*) in all publicity and any other instance.

At project's completion, we also agree to submit a written record of expenses, plus photos of *before*, *after*, and *work in progress* (if applicable), along with any other significant information, to the ETF chair.

Signed:

NOTE: This application must be sent to your District Endowment Fund Trustee by September 1.