Matching Funds Request Form

CNP Matching Funds are awarded on a first come, first served basis. Organizations who wish to use matching funds must submit this form, a copy of annual budget, and be a current CNP member. Please send to: Center for Nonprofits, 630 Market Street, Chattanooga, TN 37402 or email saraellenburg@cnpchatt.org.

Name of Organization: _____

Executive Director: _____ Date: _____

Email Address: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____Zip:_____

CNP Member: _____ Yes _____No Application, Membership Fee, and Budget Enclosed _____

Current or Most recently Annual Budget under $1,000,000 _____Yes _____No

_____ I've enclosed a copy of my organization's annual budget
_____ The CNP has my organization's budget on file
_____ I'm unsure

FOR OFFICE USE ONLY

Workshop	**Date**	**Attendee**