

## OPERATION CIVIC PRIDE REQUEST OF FUNDS

Project Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Organization Name/Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Total Grant Amount: \$ \_\_\_\_\_  
 Amount being Requested: \$ \_\_\_\_\_ Grant Amount Awarded to Date (if applicable) \$ \_\_\_\_\_

Summarize below all cash expenses, value of volunteer hours @ \$8.00 per hour, and in-kind donations of goods/services expended to date. ***All expenditures must be verified by receipt. The organization's matching grant expenses, including volunteer labor and donations, must equal the amount of the funds being requested from RDA. A request for funds in advance of the actual expenditure must be verified by a price quote.*** This report must be submitted with ALL requests for funds.

DESCRIPTION	AMOUNT OF GRANT FUNDS BEING REQUESTED	MATCHING GRANT EXPENSES, VALUE OF VOLUNTEER LABOR OR DONATIONS
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>TOTALS</b>	\$ _____	\$ _____