

*The Mississippi Association of Conservation Districts
Endowment Fund Matching Grant Program Application*

Name of District: _____

Complete Address:

Telephone Number: _____

Contact Person: _____

Project Title: _____

Project Timetable:

Starting Date: _____

Ending Date: _____

Project Cost: (Before Dec. 1, 2019)

Grant Amount Requested: _____

(Amount available \$500 up to \$2,500)

Local Match Provided: _____

(Minimum \$500.00)

Total Project Cost: _____

Signature of District Chairperson

Date