



# MATCHING GRANT APPLICATION

Email [office@sova.org](mailto:office@sova.org), Fax 541-552-1073, or mail request to SOVA, PO Box 1645, Medford, OR 97501

\_\_\_\_\_  
*Name* *Company*

\_\_\_\_\_  
*Address, City, State and Zip Code*

\_\_\_\_\_  
*Phone* *Fax* *Email*

Date of application \_\_\_\_\_

### Project Description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Budget \_\_\_\_\_ Grant Amount Requesting \_\_\_\_\_ Project Dates \_\_\_\_\_

Who is your target audience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will the project benefit tourism in your area?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you asking for matching funds?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you be able to support the project/match funds?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any further description or project notes: