

THE CONRAD PREBYS FOUNDATION

Matching Funds Detail Form

Organization Name:

Grant ID:

Amount Requested:

Date Submitted:

Detail of Eligible Matching Funds Raised

Contributed Revenue Source	Date Cash Received	Amount Received
<i>Example: XYZ Foundation</i>	<i>5/1/2021</i>	<i>\$10,000</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
	Total Received	