



A department of MPS

Partnership for the Arts and Humanities

Matching Funds Agreement Form

Complete the form, then print the form and take it to your matching funds (cash or in-kind) provider for the appropriate signature(s).

Applicant Information

Applicant (Organization):

Program/Project Name:

Matching Funds Provider Information

Cash Support: In-Kind Support:

Provider Name (organization, business, individual):

Provider Mailing Address:

Provider Telephone:

Contact Person Name:

Contact Person Signature*: Date:

Matching Funds Information (Cash Match)

Amount of Cash Match: \$

Grant Period:

Matching Funds Information (In-Kind Match)

Value of Services Rendered: \$

Description of Services Rendered:

Value of Goods Donated: \$

Description of Services Rendered:

**By signing this document, you confirm that you agree to support (by way of matching funds) the above-referenced arts and/or humanities project/program funded by the MPS Partnership for the Arts & Humanities.*