



Matching Funds Report

Name the project, program or event: _____

Name of organization: _____

Organization's address: _____

Phone: _____

Contact: _____

Project, program or event dates: _____

Project Description: _____

Erie Canalway National Heritage Corridor's financial contribution \$ _____
(To be filled out by Erie Canalway Staff)

Erie Canalway National Heritage Corridor's staff contribution (#hours) _____
(To be filled out by Erie Canalway Staff)

Funding Sources:

Name of Funder	Dollar Amount \$ (federal funding sources may not be used as a match)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

(Please add additional sources of funding on a separate sheet)

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Inkind Offerings (services or gifts: e.g. food, paper products, gift certificates, marketing or promotion, cleaning etc.)

Description:	Monetary Value \$
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

(Please add additional sources of inkind on a separate sheet)

Number of regular volunteer hours dedicated to project, program or event _____

If applicable, number of professional (e.g. web design, marketing, and/or event planning) volunteer hours dedicated to project, program or event _____

Name of professional volunteers

1. _____
2. _____
3. _____
4. _____
5. _____

How many visitors attended your event? _____

Email form to:

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