
**Verification of Charitable Event
NSS Matching Funds Program - PART I**



Our Assembly/Circle/Region # _____ will be conducting a fund raising project
for the benefit of (name of charity) _____
located at (address) _____
Phone _____ (name of charity officer) _____

This fund drive will begin on _____ and end on _____

It is anticipated to raise \$ _____ which will be matched by the NSS on the basis of the formula as adopted by the National Assembly and outlined in the Matching Funds Guidelines. Our Assembly/Circle/Region agrees to abide by the rules and regulations relative to this NSS Matching Funds Program in order to qualify for our grant.

Date _____

Signature of Assembly/Circle/Region Officer

Approval of NSS Matching Funds Project by Charitable Entity

We, (name of charity) _____

located at (address) _____

hereby acknowledge that we are aware of any grant approval to Assembly/Circle/Region # _____
to assist our organization in the above fund raising project. Further, the name of our charitable entity may be used in
any and all approved advertising or solicitation of funds on our behalf.

Date _____

Signature of Charitable Organization Officer

Phone _____