Office of Family Planning
Community Challenge Grant

Agency Name: _____
Grant Number: _____

ATTACHMENT 4: COMMUNITY MATCH REPORT FORM

Fiscal Year: _____ ❑ **1st Report Period (July-Dec)** ❑ **2nd Report Period (Jan-June)**

Annual Budget: _____

REQUIRED COMMUNITY MATCH:

Level: ❑ 10% ❑ 15% ❑ 20%

Required Match Amount: _____

TOTAL CONTRIBUTIONS REPORTED:

1st Report Period (July-Dec): $0.00

2nd Report Period (Jan-June): $0.00

Total Contributions Reported: $0.00

	CONTRIBUTOR	Type of Match (Contributions received from donor/ contributor)	1st Report Period		2nd Report Period	
			Obj. #	Amount/ Value	Obj. #	Amount/ Value
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

Office of Family Planning Branch

Community Challenge Grant

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	CONTRIBUTOR	**Type of Match** (Contributions received from donor/ contributor)	**1st Report Period**		**2nd Report Period**	
			Obj. #	**Amount/ Value**	**Obj. #**	**Amount/ Value**
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						

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	CONTRIBUTOR	Type of Match (Contributions received from donor/ contributor)	1st Report Period		2nd Report Period	
			Obj. #	Amount/ Value	Obj. #	Amount/ Value
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
		TOTAL CONTRIBUTIONS RECEIVED:		$0.00		$0.00