

**RWJF LOCAL FUNDING PARTNERSHIPS  
MATCH CONFIRMATION FORM**

**APPLICANT  
INSTITUTION:** \_\_\_\_\_

***FUNDING PARTNER INFORMATION***

This is a summary of the information submitted on your application. Fill out, scan and upload. \*\* is required.

**\*\*Nominating Funding Partner**

**Organization Name:** \_\_\_\_\_

**City, State** \_\_\_\_\_

**\*\*Yr 1 Amount:** \_\_\_\_\_

\$ \_\_\_\_\_

**Will Request/Have  
Requested/Awarded:** \_\_\_\_\_

**Yr 2 Amount:** \_\_\_\_\_

\$ \_\_\_\_\_

**Will Request/Have  
Requested/Awarded:** \_\_\_\_\_

**Yr 3 Amount:** \_\_\_\_\_

\$ \_\_\_\_\_

**Will Request/Have  
Requested/Awarded:** \_\_\_\_\_

**Yr 4 Amount:** \_\_\_\_\_

\$ \_\_\_\_\_

**Will Request/Have  
Requested/Awarded:** \_\_\_\_\_

**Auxiliary Funding Partner**

**Organization Name:** \_\_\_\_\_

**City, State** \_\_\_\_\_

**Yr 1 Amount:** \_\_\_\_\_

\$ \_\_\_\_\_

**Will Request/Have  
Requested/Awarded:** \_\_\_\_\_

**Yr 2 Amount:** \_\_\_\_\_

\$ \_\_\_\_\_

**Will Request/Have  
Requested/Awarded:** \_\_\_\_\_

**Yr 3 Amount:** \_\_\_\_\_

\$ \_\_\_\_\_

**Will Request/Have  
Requested/Awarded:** \_\_\_\_\_

**Yr 4 Amount:** \_\_\_\_\_

\$ \_\_\_\_\_

**Will Request/Have  
Requested/Awarded:** \_\_\_\_\_

**Auxiliary Funding Partner**

**Organization Name:**

**City, State**

**Yr 1 Amount:**

\$

**Will Request/Have Requested/Awarded:**

**Yr 2 Amount:**

\$

**Will Request/Have Requested/Awarded:**

**Yr 3 Amount:**

\$

**Will Request/Have Requested/Awarded:**

**Yr 4 Amount:**

\$

**Will Request/Have Requested/Awarded:**

**Auxiliary Funding Partner**

**Organization Name:**

**City, State**

**Yr 1 Amount:**

\$

**Will Request/Have Requested/Awarded:**

**Yr 2 Amount:**

\$

**Will Request/Have Requested/Awarded:**

**Yr 3 Amount:**

\$

**Will Request/Have Requested/Awarded:**

**Yr 4 Amount:**

\$

**Will Request/Have Requested/Awarded:**