



**INDEPENDENT  
POOL & SPA  
SERVICE ASSOCIATION, INC.**

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## MATCHING GRANT REQUEST FORM

Date of Request: \_\_\_\_\_

Chapter Name: \_\_\_\_\_

Charity Name: \_\_\_\_\_

Amount\*: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Regional Director Approval\*\*: \_\_\_\_\_

BORD President/CFO Approval\*\*: \_\_\_\_\_

\*Please provide documentation for this request and attach to the back of this form before submitting

\*\*All matching grants must be approved by your Regional Director and then submitted to the BORD President or CFO for approval.