



# NMLRA Charter Club Matching Grant Application

PO Box 67, Friendship, IN 47021 • www.nmlra.org • 812-667-5131

Date \_\_\_\_\_

Charter Club Name \_\_\_\_\_

Club Mailing Address \_\_\_\_\_

Club Email Address \_\_\_\_\_ Club Website \_\_\_\_\_

Name and Address of Club Secretary \_\_\_\_\_

Email Address \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

Name and Address of Club President \_\_\_\_\_

Email Address \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

Dollar Amount of Grant Request \$ \_\_\_\_\_

Describe what your club would do with the matching grant monies (use back of application if needed).

This is a matching grant program. Can your club provide proof of its share of the project funds?

Projected Cost of Project \$ \_\_\_\_\_

Projected Completion Date of Project \_\_\_\_\_

*Please return this form with any other relevant information or photos of the project by the **August 1st deadline** to:*

NMLRA Charter Club Grant Program, PO Box 67, Friendship, IN 47021

\*\*\*\*Do not write below this line\*\*\*\*

NMLRA Charter Club Chairman Signature and Date \_\_\_\_\_