



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 _____