



2008 Institutional Project Grant Application

Institution: _____

Contact person: _____

Address: _____

Telephone: _____ **Email:** _____

Institution's Federal Tax ID Number: _____

Institution's mission statement:

Amount requested: \$ _____

Will this grant fund the entire project? ____ Yes ____ No

If NO, what percentage will this grant fund? _____

Name of the Grant Project: _____

Project start date: _____ **Project completion date:** _____

Describe the project: (One additional page may be added, if needed.)

How does this project support the mission of this institution?

Specifically, what expenditures will be made with these funds?

Specifically, how do these expenditures support this project?

AGREEMENT

I certify that any grant award will be used as described in this application and that the terms of the NMA Institutional Grant Program will be honored. I further certify that I have the authority to make this commitment for this institution.

Signature: _____ Date: _____

Title: _____

NMA USE ONLY

Recd:	Y/N	Amount	Newsletter Issue	Expenditure list
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