



NATIONAL MOTORISTS ASSOCIATION

Empowering Drivers Since 1982

402 West 2nd Street
Waunakee, Wisconsin 53597-1342

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E-mail: nma@motorists.org
Website: www.motorists.org

James C. Walker Motorist Grant Program Application

Please fill out each section as completely as possible. The application may be scanned and sent to the E-mail address provided above or mailed to the NMA at the mail address also shown above. If entries are handwritten, please make them legible. The "Fill and Sign" feature of Adobe Acrobat and other PDF viewing/editing programs provides a convenient method of typing in responses.

- Program Goals:
1. Apply financial resources to local or regional projects that protect or further enhance drivers' rights through the reform of traffic law and/or public policy
 2. Extend NMA influence to a wider array of communities by encouraging citizens to get involved in drivers' rights issues.

- Program Guidelines:
1. Applicant must be a current supporting (dues-paying) member of the NMA or has donated at least \$20 to the NMA or nonprofit NMA Foundation during the grant application year.
 2. Grant funds may not be used to make donations to political candidates or parties.
 3. Project management must be on a volunteer basis, i.e., grant funds cannot be used for payment of salaries or reimbursement of indirect overhead expenses.
 4. Grant applications will be judged on overall beneficial impact on a range of drivers, on the chances that the proposed project will produce the desired results, and by a commitment by the applicant(s) to drive the project to completion.
 5. The NMA Grant Review Board has final authority in approving grant awards, in determining grant size, and in approving project expenditures.

Project Overview

Project Title: _____

Specific Community Involved: _____

Grant Application Date: _____ Funding Amount Requested, US\$: _____

Project Start Date: _____ Estimated Completion Date: _____

(please use mm/dd/yyyy format for all date entries)

Project Contact Info

Name of applicant: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

NMA Member Number (if applicable): _____

