



# NMAA Foundation School Support / Grant Application



The NMAA Foundation designates a portion of its annual budget to fund grants that support NMAA member schools. These grants are awarded by the NMAA Foundation Board of Directors and are intended to assist school athletic or activity programs whose values align with the organizational vision of the Foundation. Funding requests can be made within one of three categories: Program Start-Up, General Operating Support, or Emergency Use. **There are two application deadlines for Program Start-Up and General Operating Support requests.** The first is **September 30<sup>th</sup>** and the second is **January 10<sup>th</sup>**. All submissions will be reviewed after these deadlines with awards announced shortly thereafter. **Emergency Use requests can be made at any time and will be considered upon submission.**

**Funding Request Category** (please check one)

☐ Program Start-Up

☐ General Operating Support

☐ Emergency Use

**School Year:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Principal Name:** \_\_\_\_\_ **School District:** \_\_\_\_\_

**Requestor Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Requested Amount \$** \_\_\_\_\_ **Date Funding is Needed:** \_\_\_\_\_

## 1. Background Information:

*Please describe your schools need for this grant with as much detail as possible.*

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**2. Student Impact:**

*How many students will be impacted by this grant and how?*

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**3. Funding Specifics**

*What will this grant be used to purchase? Please list exactly what you intend to purchase with the grant and roughly how much it will cost.*

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**4. Alternative Sources:**

*In what other ways have you tried to get this funding? (School or District Funds, Fundraising, etc.) Were they successful at all?*

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**5. Sustainable Funding:**

*Please describe how your program will be sustained financially after this one-time grant.*

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**6. School Verification:**

*Please complete the fields below. Your application will NOT be reviewed without all of the fields below completed.*

**By signing below, you indicate your understanding and express support of your school's application for funding through the NMAA Foundation School Support / Grant Program. You agree to ensure that the grant/support is spent for the purpose(s) in this application.**

**Requestor Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Requestor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Athletic or Activities Director Name:** \_\_\_\_\_

**Athletic/Activities Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Principal Name:** \_\_\_\_\_

**School Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Please submit this application along with any supporting letters or documents on or before September 30<sup>th</sup> or January 10<sup>th</sup> for Program Start-Up & General Operating Support requests. Emergency Use requests can be submitted at any time. Your application will be reviewed by the NMAA Foundation Board of Directors and you will be contacted if additional information is needed.***

***Submit Application Via:***

**E-Mail**  
***julie@nmact.org***

**Mail**  
***NMAA Foundation***  
***6600 Palomas Ave NE***  
***Albuquerque, NM 87109***

**Fax**  
***(505) 923-3114***