



The National Arab American Medical Association Matching Grant Application

A. Applicant Information

Name:	
Professional Title	
Role in Project	
Affiliation	
Address	
Phone Number	
Email Address	
Attestation	By Signing below, I affirm that neither I nor my immediate family will have any material gain from this project
Signature	
Date Submitted	

B. Title of the Project

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C. Project Description

1. Matching Grants support educational, humanitarian, philanthropic and other projects consistent with the mission of NAAMA, the National Arab American Medical Association. In this section, describe in detail the need that your project and the funding will address, the intent of the project, how the project will be implemented.

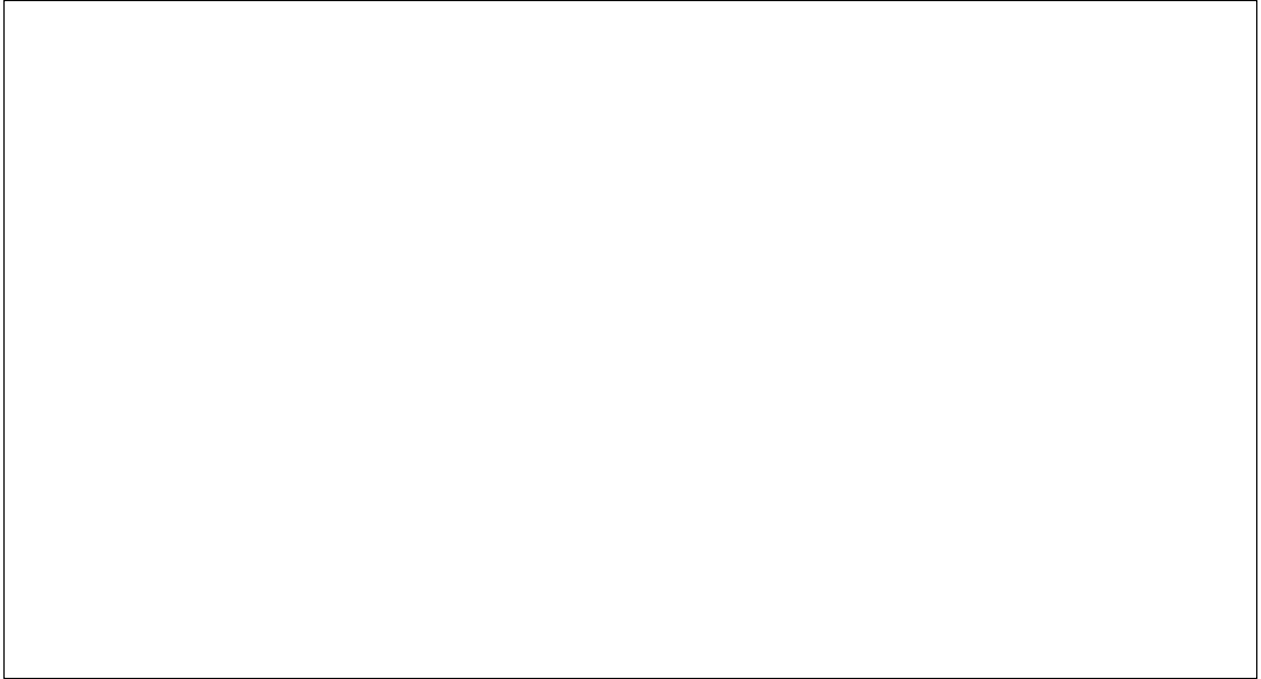
2. Please provide the names of the project locations or sites, such as the city or village, state or province, and country or other identifier. You must list at least 2 locations.

Site 1

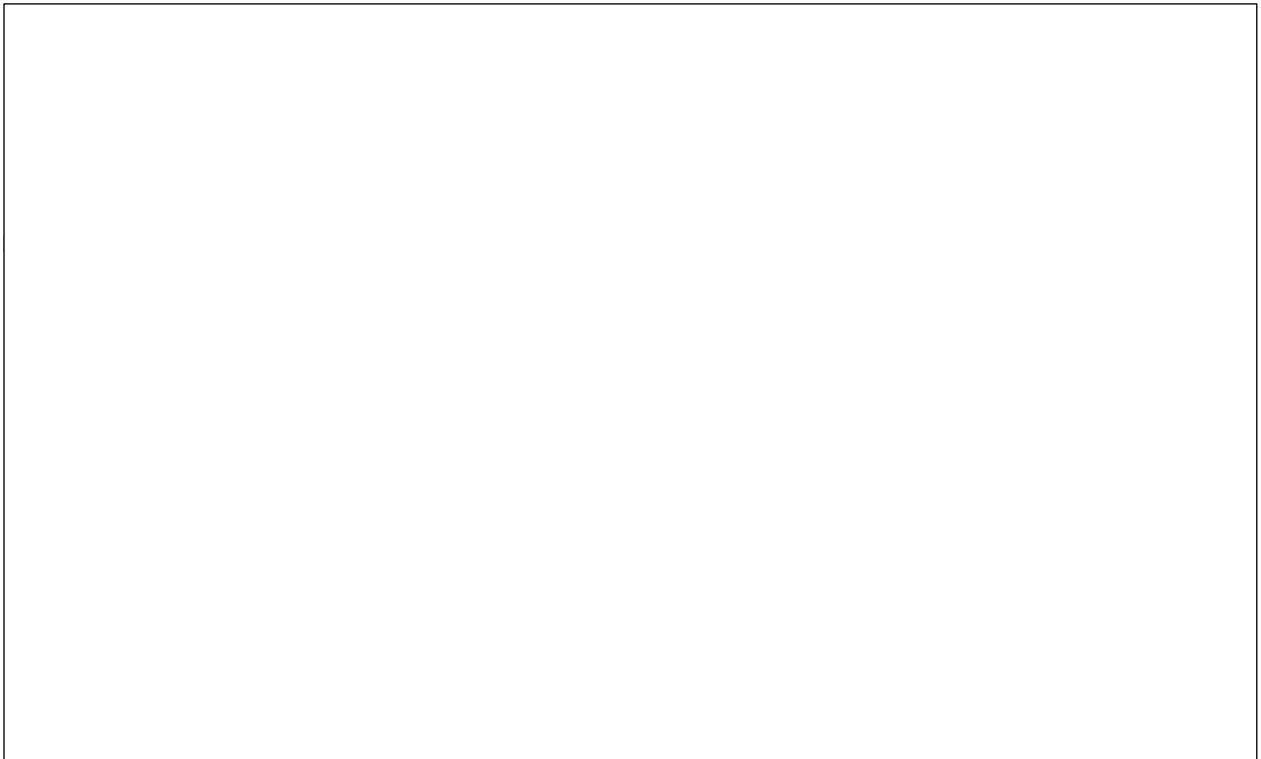
Site 2

Other Sites

3. Describe how the project will benefit the communities in need. You must identify at least two distinct communities. Provide estimated time needed to complete project.



4. Describe how the benefiting communities will maintain this project after grant funding has been fully expended.



D. Collaborating Groups

NAAMA believes that successful projects require collaboration among multiple institutions to benefit diverse populations. Please identify the collaborating Groups.

Collaborating Group #1:

Collaborating Group #2:

Other Collaborating Groups:

E. The Beneficiaries

NAAMA is interested in programs that benefit multiple groups of beneficiaries in diverse backgrounds. Please identify at least two different groups of beneficiaries from this project.

Beneficiary Group #1:

Beneficiary Group #2:

Other Beneficiary Group:

F. Budget

Item	Designation	Amount
Total		

G. Financing

Group	Designation (Monetary or in-kind - please describe)	Monetary Contribution
NAAMA	Matching funds NTE total contributions of all groups or \$10,000 whichever is smaller	
Total		

H. Filing Instructions:

Return the completed form by:

Email to naama@naama.com

or

Mail to NAAMA, 2265 Livernois Rd Suite 720, Troy, MI 48083