

**MATCHING LEGISLATIVE GRANT APPLICATION**

**2019-2020**

**(Please submit a copy of this application electronically to the NATA GAC Representative)**

|  |
| --- |
|  |
| Name of State Association |
|  |
| Name and Title (Association Position) of Person Completing Application |
|  |

Name and Title (Association Position) of Person to whom the check will be sent at the address listed below.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | |
| Address | | | | | | | | | | | | |
|  | | | | |  | | | | |  | | |
| City | | | | | State | | | | | Zip | | |
|  | | | | |  | | | | | | | |
| Phone | | | | | Email | | | | | | | |
| Matching Grant (up to $4,000)—Amount raised via fundraising: | | | | | | | |  | | |  |
| In order to assist the GAC in determining the priority of the request, please provide the following information: | | | | | | | | | | | | |
| 1. **Demographic Information** – Complete demographic questions. (Section 1 below) **Please note that you may not receive a legislative grant unless your organization is granted 501(c)(6) non-profit status by the IRS.** | | | | | | | | | | | | |
| 1. **Current Legislative Activities** – Outline current legislative activities. (Section 2 below) | | | | | | | | | | | | |
| 1. **Lobbyist** – Attach copy of lobbyist contract. If no lobbyist, complete the NATA Financial Worksheet for the Discretionary Grant Application. | | | | | | | | | | | | |
| 1. **Matching Grant** – Attach documentation of fundraising activities and list of contributors. Funds must have been raised between July 1, 2019 and June 30, 2020. All documentation is due **June 1, 2020**. Grant application/request will not be processed without this documentation. Please be as thorough as possible when providing this information. Incomplete applications will be returned with a request for any clarification or additional information that is needed to provide a thorough and adequate review by NATA Governmental Affairs Committee Members. | | | | | | | | | | | | |
| 1. **Demographic Information:** | | | | | | | | | | | | |
| a. | **Is your Association a 501(c)(6)**  \*\*- if yes, please attach a copy of the IRS confirming this classification | | | Yes\_\_\_\_ | | No\_\_\_\_\_ | | | Date awarded\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| b. | **EIN (Employee Identification Number** | |  | | | | | | | | | |
| c. | **Association President:** | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  | Name | | | | | | | | | | | |
|  |  | | | | | |  | | | | | |
|  | Email | | | | | | Phone # | | | | | |
| d. | | **Association Treasurer:** | | | | | | | | | | |
|  | |  | | | | | | | | | | |
|  | | Name | | | | | | | | | | |
|  | |  | | | | |  | | | | | |

Email Phone #

**e. Association Governmental Affairs Chair:**

|  |  |
| --- | --- |
|  |  |

Name

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Email Phone # | | |

**f. Association Membership Information (Please contact the NATA if you are in need of this information).**

|  |  |
| --- | --- |
|  |  |

Number of Members State Association SAAC Classification

**Current Legislative Activities** – In the text box below, please describe current projects and issues.

**Fund Disbursement and Documentation Requirements for Matching Grants:**

To be eligible for a matching grant, funds must be donated by members, or through events organized and supported by members. A copy of the invitation or other documentation will demonstrate member involvement and the purpose of the fundraising. A list of the donors and amounts donated is required. The purpose of the matching grant is to complement the investment of NATA members in their legislative and regulatory efforts. Grants are dependent on available funds.

Matching grants are awarded in a lump sum after approval **and after submission of required documentation.** Please allow two weeks for processing. Checks are mailed to the individual and address indicated on the applications. The NATA-GA Manager will notify the district director and GAC representative that the funds have been sent. **ALL RECEIPTS WITH DOCUMENTATION MUST BE PROVIDED BY JUNE 1, 2020 to the NATA Manager of State Governmental Affairs.** Sample documentation form is provided below- this form does not have to be utilized, but the identified information is required. If you have questions, please contact your District GAC representative or Deanna Kuykendall at the NATA offices.

|  |  |  |  |
| --- | --- | --- | --- |
| Documentation (invitation, etc provided?) | | Members/Donors | Amount Donated |
| Yes | No |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Applications must be submitted electronically to the District GAC representative, who will forward the completed application to Manager of State Government Affairs. If you have questions, please contact your District GAC Representative or Deanna Kuykendall at the NATA at 972-532-8803 or deannak@nata.org.