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* *Required before final submission*

Affiliate General Information

* **Affiliate Name**

* **Street Address**

* **City/Province**

For non-U.S., provide state, province, territory, county as required

* **State**

For Federal Education Association select "Non-U.S."

* **Country**

* **Postal Code**

* **Affiliate Type**

* **Membership Density**

* **Are you a Local Option UniServ?**

* **Number of Affiliate Members**

* **Number of Potential Affiliate Members**

Local Affiliate Leadership Contact

LOCAL AFFILIATES, you are required to provide the local affiliate leader's contact information below.

STATE AFFILIATES, leadership information (President\Executive Director) is pre-populated by the system, so you may skip this section.

Prefix

First Name

Middle Name\Initial

Last Name

Suffix

Title

Work Street Address

Work City/Province

Work State

Work Country

Work Postal Code

E-mail

Work Phone

Extension

Work Fax

Mobile Phone

Affiliate Partners

* Will you be partnering with other NEA affiliates on this project?

Yes ☐

List all NEA state and local affiliate partners for this grant request below.

Affiliate Partner Name 1

Affiliate Partner Type 1

State

Affiliate Key Contact 1

Affiliate Partner Name 2

Affiliate Partner Type 2

State

Affiliate Key Contact 2

Affiliate Partner Name 3

Affiliate Partner Type 3

State

Affiliate Key Contact 3

Affiliate Partner Name 4

Affiliate Partner Type 4

State

Affiliate Key Contact 4

Affiliate Partner Name 5

Affiliate Partner Type 5

State

Affiliate Key Contact 5

Affiliate Partner Name 6

Affiliate Partner Type 6

State

Affiliate Key Contact 6

Affiliate Partner Name 7

Affiliate Partner Type 7

State

Affiliate Key Contact 7

Affiliate Partner Name 8

Affiliate Partner Type 8

State

Affiliate Key Contact 8

Affiliate Partner Name 9

Affiliate Partner Type 9

State

Affiliate Key Contact 9

Affiliate Partner Name 10

Affiliate Partner Type 10

State

Affiliate Key Contact 10

Detail the roles of each affiliate partner identified above.

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Request General Information*** Submission Date**4/8/2019 *** Project Title**

Word count 0 of 100

*** Is your State Affiliate aware of this grant application?**Yes ☐**Request Primary Grant Contact**

The information in this section is pre-populated from the last application you submitted. Please update as applicable to ensure our records are up to date.

Prefix- Select One - ☐**First Name****Middle Name\Initial****Last Name****Suffix**<None> ☐**Title****Work Address****Work City\Province**

For non-U.S., provide state, province, territory, county as required

Work State

For Federal Education Association select "Non-U.S."

Office Country- Select One - ☐**Work Postal Code****E-mail****Work Phone****Extension****Work Fax****Mobile Phone****Request Detail**

* Provide a general description of your Student Centered Advocacy project.

Word count 0 of 300

* Is this a new project or an existing initiative that is to be refined or expanded?

enter Yes or No

* Is this project part of a collective bargaining campaign?

enter Yes or No

* What is the estimated completion date for this project?

* What actions will be taken to engage members?

Word count 0 of 300

* What actions will be taken to engage parents and/or the community?

Word count 0 of 300

* Geographical Area Served by the grant?

Select the State or Country that is MOST impacted.

* Membership Category(ies) served by the grant?

☐ Aspiring Educators	0 %
☐ Active Professional	0 %
☐ Higher Education	0 %
☐ ESP	0 %
☐ Retired	0 %

Strategic Objectives

* Which one of the NEA Goals is most aligned with the purpose of your grant proposal?

* Which one of these ten content areas ("content clusters") best describes the primary focus of your grant proposal?

* Select up to five keywords that further describe your grant program content and focus:

- ☐ Advocacy skills
- ☐ Affiliate leadership development
- ☐ Close Educator Pay Gap and Provide Professional Compensation
- ☐ Coalition building/partnerships
- ☐ Collective Bargaining Skills
- ☐ Community outreach and engagement (parents, family, community)
- ☐ Community schools
- ☐ Contract Campaign
- ☐ Distributive leadership
- ☐ Education Funding
- ☐ Educator Voice, Influence, and Professional Authority
- ☐ Organizing skills

- ☐ Pensions\Retirement Security
- ☐ Remove Unnecessary and Harmful Barriers to a Quality Education
- ☐ Strike Preparation
- ☐ Student Learning and Educator Working Conditions
- ☐ Union Rights\Collective Bargaining

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Anticipated Budget

Enter your anticipated budget amounts for each budget category. Please note that you will be required to submit ACTUAL SPENDING by budget category via online progress and final reports.

*** Requested Amount****REVENUE**

Enter anticipated non-grant revenue amounts from each applicable funding source. For non-applicable funding sources, leave the default value of zero.

*** In-Kind***** Affiliates***** Non-Affiliates****EXPENDITURES**

Enter anticipated budget amounts for all applicable expenditure items below. For non-applicable expenditure items, leave the default value of zero.

PERSONNEL\STAFFING*******Salaries*********Benefits*********Paid Release Time*********Stipends*********Substitutes***** SUB-TOTAL: PERSONNEL\STAFFING***** Provide a detailed justification for the proposed personnel\staffing grant expenditures.**

If not applicable to this budget category, enter "NA"

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Word count 0 of 300

TRAVEL*******Airfare*********Mileage*********Lodging*********Meals*********Ground Transportation***** SUB-TOTAL: TRAVEL***** Provide a detailed justification for the proposed travel grant expenditures.**

If not applicable to this budget category, enter "NA"

Word count 0 of 300

CONSULTANTS/VENDORS*** SUB-TOTAL: CONSULTANTS/VENDORS***** Provide a detailed justification for the proposed travel grant expenditures.***If not applicable to this budget category, enter "NA"*

Word count 0 of 300

OTHER DIRECT*** Training
Materials***** Curriculum
Materials***** Office
Supplies***** Equipment***** Office Space***** Promotional
Items***** Postage
Comm.***** Printing***** Other Direct***** SUB-TOTAL: OTHER DIRECT***** Provide a detailed justification for the proposed other direct grant expenditures.***If not applicable to this budget category, enter "NA"*

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Results Summary*** Statement of Need**

Word count 0 of 300

*** Grant Strategy**

Word count 0 of 300

*** Evaluation Plan**

Word count 0 of 300

*** Sustainability Plan**

Word count 0 of 300

NEA Quantitative Metrics

Provide values for all applicable quantitative metrics below. For those metrics not applicable to your grant request, leave default value of zero (0).

If awarded, actual figures will be collected as part of regular progress reports.

*** Anticipated # Members Engaged***** Of those members engaged, the anticipated # that takes part in other/additional union activities, programs, and/or events***** Anticipated # Members Recruited***** Anticipated # of Sharable Resources Developed**

NOTE: These resources are expected to be shared with NEA.

*** Anticipated # Community Stakeholders Engaged***** Anticipated # Leaders Identified****Program Specific Quantitative Metrics***** Anticipated # Parents Engaged**

Grant Specific Metrics

Please provide detail for up to 4 goals specific to this grant request.

Goal 1 Description

Word count 0 of 300

*** Goal 1 Measurable Outcome(s)**

Word count 0 of 300

*** Goal 1 Key Activities**

Word count 0 of 300

*** Goal 1 Anticipated Total # Staff Engaged***** Goal 1 Engagement Roles and Purposes**

Word count 0 of 300

Goal 2 Description

Word count 0 of 300

Goal 2 Measurable Outcome(s)

Word count 0 of 300

Goal 2 Key Activities

Word count 0 of 300

Goal 2 Anticipated Total # Staff Engaged**Goal 2 Engagement Roles and Purposes**

Word count 0 of 300

Goal 3 Description

Word count 0 of 300

Goal 3 Measurable Outcome(s)

Word count 0 of 300

Goal 3 Key Activities

Word count 0 of 300

Goal 3 Anticipated Total # Staff Engaged**Goal 3 Engagement Roles and Purposes**

Word count 0 of 300

Goal 4 Description

Word count 0 of 300

Goal 4 Measurable Outcome(s)

Word count 0 of 300

Goal 4 Key Activities

Word count 0 of 300

Goal 4 Anticipated Total # Staff Engaged**Goal 4 Engagement Roles and Purposes**

Word count 0 of 300

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Communications Plan Summary

Please provide summary information regarding your communications plan for this grant. *If not applicable you must enter "NA"*

*** Communications Plan - Description and Goal(s)**

Word count 0 of 300

*** Communications Plan - Measurable Outcome(s)**[Save & Finish Later](#)[Next](#)

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NEA GRANT TERMS

1. Funds will be provided to the affiliate as documented progress is reported and outcomes are achieved, per NEA approval.
2. Progress reports are due electronically in the format provided as agreed upon. This includes budget reports comparing the actual expenses incurred during grant implementation with the original budget. If significant changes are being made to the approved work or budget, the primary grant contact should contact their assigned NEA liaison for prior approval.
3. Affiliate leaders will share program development, materials, and key learnings with other affiliates electronically (e.g., virtual events and www.mynea360.org) and/or at appropriate events.
4. Any grant funds received will be spent by the end of the grant term in accordance with the approved goals, program, and budget. NEA reserves the right to request any remaining funds be returned if unused by the end of the term, or if there has been a lack of progress. If the grant term needs to be altered, the affiliate should contact their assigned NEA liaison for consideration/approval.
5. NEA has the ability, based upon reporting and other discovery, to withhold grant payments if it is determined there is a lack of appropriate progress.
6. A NEA liaison will be assigned to each awarded grant. The affiliate grant contact will respond promptly to communications from the NEA liaison.
7. Grantees are expected to promote the grant program and utilize the NEA brand on all communications and materials as part of the approved communications plan.
8. If your grant request is approved, the information provided in this application will constitute the grant agreement between NEA and your affiliate, including all goals, deliverables and proposed outcomes, and budget. NEA reserves the right to request additional clarifications or terms as part of the grant agreement, which will take the form of an addendum and be mutually agreed upon by NEA and your affiliate.
9. Your affiliate agrees to assign to NEA all right, title, and interest to any copyrightable works, trademarks, and other intellectual property that arises from any course curriculum, professional development sessions for educators, micro-credential courses or similar activities created by your affiliate using the grant funds (collectively, the "Intellectual Property"). In exchange for this transfer of rights, NEA grants your affiliate a limited license to use, reproduce, distribute, and publicly display the Intellectual Property solely in connection with that affiliate's everyday business activities.

If your grant is awarded for \$250,000 or greater, these following terms and conditions will also apply:

1. In recognition of the scale of NEA investment, your affiliate agrees as a condition of receipt of these grant funds, that it shall not disaffiliate from NEA or its state affiliate for at least five years after the date this MOU is executed.
2. If your affiliate terminates its affiliation with NEA or takes any action that justifies NEA's termination of said affiliation under its governing documents and/or policies, this grant agreement will terminate as of the effective date of termination of affiliation. Within thirty days after the effective date of termination of this agreement, pursuant to this section, your affiliate will pay to NEA, as liquidated damages, the full amount of payments made by NEA to your affiliate as part of this grant.
3. The parties agree that any disaffiliation effort, either attempted or completed, shall entitle NEA to a temporary restraining order, preliminary injunctive relief and permanent injunctive relief from a court of competent jurisdiction.

Agreement to Terms

Enter the name of the person who has reviewed the NEA grant terms above and is authorized to agree to them.

* **Name of Person Authorized to Agree to Grant Terms**

Verify Name of Person Authorized to Agree to Grant Terms

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NOTE: The W-9 form should be completed/signed by an appropriate signatory for your affiliate, and reflect your affiliate's Tax ID Number and business address to which funding/check(s) will be mailed, if awarded.

Upload

The maximum size for all attachments combined is 25 MB. Please note that files with certain extensions (such as ".exe", ".com", ".vbs", or ".bat") cannot be uploaded.

Title: File Name: