NEA NATIONAL EDUCATION ASSOCIATION

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Affiliate Information

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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 "na"

[- Select One - ▾]

✳ **Country**

[- Select One - ▾]

✳ **Postal Code**

[   ]

✳ **Affiliate Type**   ✳ **Membership Density**   ✳ **Are you a Local Option UniServ?**

[- Select One - ▾]   [- Select One - ▾]   [Yes ▾]

✳ **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**

[<None> ▾]   [   ]   [   ]   [   ]   [<None> ▾]

Title

[   ]

Work Street Address

[   ]

Work City\Province

[   ]

Work State

[<None> ▾]

Work Country

[- Select One - ▾]

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**   **Affiliate Key Contact 1**

State ▾

Affiliate Partner Name 2   **Affiliate Partner Type 2**   **Affiliate Key Contact 2**

State ▾

Detail the roles of each affiliate partner identified above.

Word count 0 of 300

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<div align="center">

Request Information

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✱ *Required before final submission*

Request General Information

✱ **Submission Date**

10/2/2019 📅

✱ **Project Title**

[   ] ✓

Word count **0** of **100**

✱ **Total Request Amount**   ✱ **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	**First Name**	**Middle Name\Initial**	**Last Name**	**Suffix**
- Select One - ▾	[ ]	[ ]	[ ]	<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 "na"

- Select One - ▾

Office Country

- Select One - ▾

Work Postal Code

[   ]

E-mail

[   ]

Work Phone	**Extension**	**work Fax**
[ ]	[ ]	[ ]

Mobile Phone

[   ]

Request Detail

✱ **Please describe your loval's involvement in raising educator voice through ESSA implementation to date.**

Word count **0** of **300**

❋ **How will you utilize the grant funds and resources to amplify educator voice?**

Word count **0** of **300**

❋ **How will you plan to engage members and other educators in local ESSA implementation efforts?**

Word count **0** of **300**

❋ **List the team of persons at your local affiliate who will administer your 50/50 grant initiative.**

Word count **0** of **300**

❋ **Construct a timeline for the project and note when major activities take place.**

Word count **0** of **300**

❋ **Geographical Area Served by the grant?**
Select the State or Country that is MOST impacted.

- Select One -   ▼

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

- Select One -   ▼

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

☐ Charter schools
☐ Closing the achievement gap
☐ Coalition building/partnerships
☐ College and career ready standards/programs
☐ Community schools
☐ Cultural competency/culturally responsive pedagogy
☐ Curriculum standards and/or development
☐ Early career induction/orientation
☐ Early educator engagement
☐ Education funding

☐ Education revenue\taxes
☐ Educator Voice, influence, and professional authority
☐ ESSA
☐ Higher ed organizing
☐ Improving instruction/instructional strategies
☐ Instructional leaders
☐ LGBTQ/SOGI
☐ My school, my voice campaign
☐ Organizing for the common good
☐ Policy change/contract waiver
☐ Professional learning/professional communities
☐ Racial justice in education
☐ Recruitment of educators of color
☐ Remove unnecessary and harmful barriers to a quality education
☐ Safe and healthy schools
☐ School improvement
☐ School to prison pipeline
☐ Social/emotional justice
☐ Special education
☐ Student mentoring
☐ Student success
☐ Vouchers

Non-Affiliate Partners

✱ **Will you be partnering with any non-affiliate organizations on this project?**

[Yes ▾]

List all NON-affiliate partners for this grant request below.

Non-Affiliate Partner Name 1	**Non-Affiliate Partner Type 1**	**NA Key Contact 1**
	[Government ▾]	

Non-Affiliate Partner Name 2	**Non-Affiliate Partner Type 2**	**NA Key Contact 2**
	[Government ▾]	

Detail the roles of each NON-affiliate partner identified above.   ✓

Word count **0** of **300**

[Save & Finish Later]   [Next]

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Project Budget

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Anticipated Budget (YEAR 1)

✳ **Amount Requested for Year 1**

[   ]

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.

REVENUE

✳ **In-Kind** ℹ	✳ **Affiliates** ℹ	✳ **Non-Affiliates** ℹ
0	0	0

PERSONNEL\STAFFING

✳ **Salaries**	✳ **Benefits**	✳ **Paid Release Time**	✳ **Stipends**	✳ **Substitutes**
0	0	0	0	0

✳ **SUB-TOTAL: PERSONNEL\STAFFING**

[0]

✳ **Provide a detailed justification for the proposed personnel\staffing grant expenditures.**
Enter "NA" if not applicable

[   ] ✓

Word count 0 of 300

TRAVEL

✳ **Airfare**	✳ **Mileage**	✳ **Lodging**	✳ **Meals**	✳ **Ground Transportation**
0	0	0	0	0

✳ **SUB-TOTAL: TRAVEL**

[0]

✳ **Provide a detailed justification for the proposed travel grant expenditures.**
Enter "NA" if not applicable

[   ] ✓

Word count 0 of 300

CONSULTANTS\VENDORS

✱ SUB-TOTAL: CONSULTANTS\VENDORS

> 0

✱ Provide a detailed justification for the proposed travel grant expenditures.
Enter "NA" if not applicable

✓

Word count **0** of **300**

OTHER DIRECT

✱ Training Materials	✱ Curriculum Materials	✱ Office Supplies	✱ Equipment	✱ Office Space
0	0	0	0	0

✱ Promotional Items	✱ Postage Comm.	✱ Printing	✱ Other Direct	
0	0	0	0	

✱ SUB-TOTAL: OTHER DIRECT

> 0

✱ Provide a detailed justification for the proposed other direct grant expenditures.
Enter "NA" if not applicable

✓

Word count **0** of **300**

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Anticipated Results

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✳ *Required before final submission*

Results Summary

✳ **Statement of Need** ℹ

✓

Word count **0** of **300**

✳ **Grant Strategy** ℹ

✓

Word count **0** of **300**

✳ **Evaluation Plan** ℹ

✓

Word count **0** of **300**

✳ **Sustainability Plan** ℹ

✓

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**

`0`

✳ **Of those members engaged, the anticipated # that takes part in other/additional union activities, programs, and/or events**

`0`

✳ **Anticipated # Members Recruited**

`0`

✳ **Anticipated # of Sharable Resources Developed**
NOTE: These resources are expected to be shared with NEA.

`0`

✳ **Anticipated # Community Stakeholders Engaged**

`0`

✳ **Anticipated # Leaders Identified**

`0`

Program Specific Quantitative Metrics

Not Applicable

Grant Specific Metrics

Please provide detail for up to 8 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 Engagement**

0

✱ **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 Engagement

0

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 Engagement

0

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 Engagement

0

Goal 4 Engagement Roles and Purposes

Word count **0** of **300**

Goal 5 Description

Word count **0** of **300**

Goal 5 Measurable Outcome(s)

Word count **0** of **300**

Goal 5 Key Activities

Word count **0** of **300**

Goal 5 Anticipated Total Engagement

0

Goal 5 Engagement Roles and Purposes

Word count **0** of **300**

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Communications

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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)**

✔

Stakeholder Communications Detail

Provide information about how you will reach the specific audience groups below (if applicable).

Internal Audience(s)

✔

Word count **0** of **300**

External Audience(s)

✔

Word count **0** of **300**

Partner Audience(s)

✔

Word count **0** of **300**

National Audience

✔

Word count **0** of **300**

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Terms

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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 entitled 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

[   ]

[Save & Finish Later] [Next]

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Attachments

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National Education Association requires the following information to be submitted as attachments to this application:

    1. W-9

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: [W-9(Required) ▼]

File Name: [Choose File] No file chosen

[Upload]

[Save & Finish Later]   [Review & Submit]