



Exit

[Affiliate Information](#) | [Planning Grant Budget](#) | [Summary of GPS Fund Grant Request and Affiliate Support](#) | [GPS Fund Information](#) | [Data Tracking](#) | [Terms](#) | [Attachments](#)

You can review the information you've provided so far and make necessary modifications here. If you're satisfied with the contents of the application, click **Submit** to for consideration. If you're not ready to submit your application yet, click **Save & Finish Later**.

Affiliate Information

[Printer Friendly Version](#) | [E-mail Draft](#)

* *Required before final submission*

* **Submission Date**

6/26/2020

Affiliate IRS Information

The information in this section has been retrieved from the IRS database. If this is not your affiliate, use the back button in your browser to reenter the correct EIN number.

IRS Employee ID Number (EIN)

Affiliate Legal Name

Doing Business As

as it appears on the IRS database

Tax Registration Date

Affiliate General Information

* **Affiliate Name**

The pre-populated affiliate name is the organization name registered with the IRS for the EIN number provided. You may change this to your affiliate name if different than what the application of multiple NEA affiliates, please include the lead affiliate here.

* **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**

- Select One -

* **Membership Density**

- Select One -

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

Yes

* **Number of Affiliate Members**

* **Number of Potential Affiliate Members**

Number of non-members currently in your footprint, that could potentially become members.

Leadership Contact

Please provide a leadership contact for your affiliate's proposal (e.g., President or Executive Director).

Prefix First Name Middle Name/Initial Last Name Suffix

Title

Work Street Address

Work City/Province
For non-U.S., provide state, province, territory, county as required

Work State
For Federal Education Association select "na"

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?

List all other NEA state and local affiliate partners for this planning grant request below, if any.

Affiliate Partner Name 1	Partner Type 1	Key Contact 1	Key Contact Email 1
<input type="text"/>	<input type="text" value="State"/>	<input type="text"/>	<input type="text"/>
Affiliate Partner Name 2	Partner Type 2	Key Contact 2	Key Contact Email 2
<input type="text"/>	<input type="text" value="State"/>	<input type="text"/>	<input type="text"/>
Affiliate Partner Name 3	Partner Type 3	Key Contact 3	Key Contact Email 3
<input type="text"/>	<input type="text" value="State"/>	<input type="text"/>	<input type="text"/>
Affiliate Partner Name 4	Partner Type 4	Key Contact 4	Key Contact Email 4
<input type="text"/>	<input type="text" value="State"/>	<input type="text"/>	<input type="text"/>
Affiliate Partner Name 5	Partner Type 5	Key Contact 5	Key Contact Email 5
<input type="text"/>	<input type="text" value="State"/>	<input type="text"/>	<input type="text"/>
Affiliate Partner Name 6	Partner Type 6	Key Contact 6	Key Contact Email 6
<input type="text"/>	<input type="text" value="State"/>	<input type="text"/>	<input type="text"/>
Affiliate Partner Name 7	Partner Type 7	Key Contact 7	Key Contact Email 7
<input type="text"/>	<input type="text" value="State"/>	<input type="text"/>	<input type="text"/>
Affiliate Partner Name 8	Partner Type 8	Key Contact 8	Key Contact Email 8
<input type="text"/>	<input type="text" value="State"/>	<input type="text"/>	<input type="text"/>

Affiliate Partner Name 9	Partner Type 9	Key Contact 9	Key Contact Email 9
<input type="text"/>	State <input type="text"/>	<input type="text"/>	<input type="text"/>
Affiliate Partner Name 10	Partner Type 10	Key Contact 10	Key Contact Email 10
<input type="text"/>	State <input type="text"/>	<input type="text"/>	<input type="text"/>

Detail the roles of each affiliate partner identified above.

Word count 0 of 300

Primary Grant Contact

Prefix	First Name	Middle Name/Initial	Last Name	Suffix
- Select One - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<None> <input type="text"/>

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"

Work Country

Work Postal Code

E-mail

Work Phone

Extension

Work Fax

Mobile Phone

Planning Grant Budget

You may request funding of up to \$10,000 for a Planning Grant.

Include any needs for planning that fit into the four categories identified below:

1. Personnel/Staffing – stipends, substitutes, etc.
2. Travel – flights, lodging, food, mileage, etc.
3. Consultants/Vendors – contracted work with a third party
4. Other Direct Expenses – meeting space, postage, printing, supplies, etc.

Any expenses for planning that you may incur as you prepare for the full GPS Fund Grant application (e.g., substitutes, meeting space, travel, etc.) may be included in the Planning

For 2020-2021, NEA's plan includes hosting all Planning Grant Awardees in Washington D.C. for a fall conference to workshop their proposals and help prepare them for the February deadline – with the \$10,000 used to cover any affiliate travel to D.C. for the event, plus other miscellaneous expenses. In the event that an in-person meeting is unable to occur, we of virtual workshops in late October/November 2020 that will take the place of the in-person fall conference. Attendance for the series of workshops, whether in-person or online, is a Planning Grant Awardees, as this is the time period in which your affiliate will be provided dedicated time and technical assistance from NEA staff towards the full GPS Fund Grant / on SMART goals).

For your Planning Grant, please submit a budget assuming we have a face-to-face meeting in DC this fall – using the \$10,000 to support your affiliate's travel. Of course, as we confront the COVID situation, we may have to make adjustments to meet virtually this year.

Anticipated Budget

* Amount Requested for Planning Grant

Enter your anticipated budget amounts and detail in each of the four budget categories that follow. The sum of the categories below should equal the "Amount Requested for Planni.

PERSONNEL\STAFFING

* Salaries	* Benefits	* Paid Release Time	* Stipends	* Substitutes
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

* **SUB-TOTAL: PERSONNEL\STAFFING**

* Provide calculations and a detailed justification for the proposed personnel\staffing grant expenditures.

Word count 0 of 300

TRAVEL

* Airfare	* Mileage	* Lodging	* Meals	* Ground Transportation
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

* **SUB-TOTAL: TRAVEL**

* Provide calculations and a detailed justification for the proposed travel grant expenditures.

Word count 0 of 300

CONSULTANTS\VENDORS

* **SUB-TOTAL: CONSULTANTS\VENDORS**

* Provide calculations and a detailed justification for the proposed consultants\vendors grant expenditures.

Word count 0 of 300

OTHER DIRECT

* Training Materials	* Curriculum Materials	* Office Supplies	* Equipment	* Office Space
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Other Direct

* Promotional Items * Postage Comm. * Printing *

* SUB-TOTAL: OTHER DIRECT

* Provide calculations and a detailed justification for the proposed other direct grant expenditures.

Word count 0 of 300

Summary of GPS Fund Grant Request and Affiliate Support

Request General Information

In order for NEA to better plan, please identify the GPS Fund amount and term you will be requesting – again this relates to your full GPS Fund application, which would follow the F

* Total GPS Fund Request Amount * GPS Fund Grant Term (in months)

* If this proposal is a renewal/continuation of a previously awarded GPS Fund Grant, include the Grant ID number and description of the prior grant work, including if this represents a change in direction from the prior work.
if not applicable, enter "NA"

Word count 0 of 300

* Verification of Affiliate Support

- In the text box below, please write out in full the language applicable to your request. The options below are provided for ease, but other language may be used, as appropriate.
1. The affiliate leaders identified herein as contacts represent the affiliate and Board of Directors in support of this grant proposal to NEA (Letter of Support encouraged as an at
 2. The NEA GPS Fund grant application goals, program plan, and outcomes are aligned with the local/state affiliate strategic plan or goals (attachment of language encouraged,
 3. Affiliate staff (if applicable) and/or officers will be engaged in the grant plan.
 4. Affiliate leaders have communicated with the state and regional leaders about this grant application.
 5. The affiliate Communications staff and/or committee will support promotion of the progress and outcomes of this grant through media outreach.

Word count 0 of 300

GPS Fund Information

An abbreviated version of the full GPS Fund Grant application is being requested in this section of the Planning Grant. This will assist NEA in selecting which affiliates will be eligible their proposals and apply for a full GPS Fund Grant.

Request Detail

* Project Title

Word count 0 of 100

* Provide a summary description of the proposed grant work.
Appropriate for a media release or the general public to understand the work.

Word count 0 of 300

* Applications with a primary focus on Early Career Educators and/or Racial Justice in Education will receive additional weight in the scoring and evaluation process. WI focus on either or both of these topics? If so, briefly explain which topic(s) and how it will be the primary focus of the grant.
if not applicable, enter "NA"

Word count 0 of 300

* Statement of Need

Text area for Statement of Need with a red checkmark icon.

Word count 0 of 300

NOTE: You will be required to submit your GPS Fund Scope of Work and GPS Fund Budget Worksheet on the last page of this application (in the Attachments tab).

Non-Affiliate Partners

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

Yes [v]

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

Non-Affiliate Partner Name 1	Non-Affiliate Partner Type 1	NA Key Contact 1
<input type="text"/>	Government [v]	<input type="text"/>
Non-Affiliate Partner Name 2	Non-Affiliate Partner Type 2	NA Key Contact 2
<input type="text"/>	Government [v]	<input type="text"/>
Non-Affiliate Partner Name 3	Non-Affiliate Partner Type 3	NA Key Contact 3
<input type="text"/>	Government [v]	<input type="text"/>
Non-Affiliate Partner Name 4	Non-Affiliate Partner Type 4	NA Key Contact 4
<input type="text"/>	Government [v]	<input type="text"/>
Non-Affiliate Partner Name 5	Non-Affiliate Partner Type 5	NA Key Contact 5
<input type="text"/>	Government [v]	<input type="text"/>
Non-Affiliate Partner Name 6	Non-Affiliate Partner Type 6	NA Key Contact 6
<input type="text"/>	Government [v]	<input type="text"/>
Non-Affiliate Partner Name 7	Non-Affiliate Partner Type 7	NA Key Contact 7
<input type="text"/>	Government [v]	<input type="text"/>
Non-Affiliate Partner Name 8	Non-Affiliate Partner Type 8	NA Key Contact 8
<input type="text"/>	Government [v]	<input type="text"/>
Non-Affiliate Partner Name 9	Non-Affiliate Partner Type 9	NA Key Contact 9
<input type="text"/>	Government [v]	<input type="text"/>
Non-Affiliate Partner Name 10	Non-Affiliate Partner Type 10	NA Key Contact 10
<input type="text"/>	Government [v]	<input type="text"/>

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

Text area for detailing roles of non-affiliate partners with a red checkmark icon.

Word count 0 of 300

Data Tracking

Metrics and Data

All NEA grantees are required to report data on the metrics below, both anticipated numbers in the GPS Fund Application and, if awarded, actual numbers during progress reporting work:

- Anticipated numbers of members engaged
- Of the members engaged in the grant, the anticipated number that take part in other/additional union activities, programs, and/or events
- Anticipated number of members recruited
- Anticipated number of sharable resources developed
- Anticipated number of Community Stakeholders engaged
- Anticipated number of leaders identified
- Anticipated number of students positively impacted

Affiliates have various means of tracking member engagement. NEA 360 is a newer resource that is available to many affiliates. Grantees are not required to use NEA 360, but they tracking member and non-member engagement, etc.

The data should include members and non-members who take professional development courses, or are mentored, as well as the mentors, curriculum developers, caucus member, committee members who guide the work, trainers, and partner time.

In order to help NEA plan for your application and be aware of your systems in place, please answer the following questions.

* Do you currently have a tracking system to monitor the grant activities and members, non-members, and partners engaged?

Yes

* What tracking system do you utilize or plan to utilize?

NEA 360

If utilizing your own tracking system, please identify

* Do you have the staff or volunteer support to keep up with the data collection?

Yes

* Are there any metrics that you feel you would not be able to track, should you receive a GPS Fund grant?

Yes

If you feel you cannot track metric(s), please explain

✓

Word count 0 of 300

Terms

NEA GRANT TERMS

1. Only NEA affiliates are eligible for these planning grants. By applying for this planning grant, you affirm that your affiliate is an NEA affiliate subject to the require Constitution and Bylaws.
2. If your Planning Grant request is approved, the information provided in this application will constitute the grant agreement between NEA and your affiliate.

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

Attachments

There are no files attached.

Save & Finish Later Submit