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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"

* **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.

Word count 0 of 300

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Request Information

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* *Required before final submission*

Request General Information

* **Submission Date**

7/30/2019

* **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

- 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 "na"

- Select One -

Office Country

- Select One -

Work Postal Code

E-mail

Work Phone

Extension

Work Fax

Mobile Phone

Request Detail

* **Please provide a summary description of the proposed grant work.**

Word count 0 of 300

- * State & Local Project Grants are typically up to one year in duration. What is your timeline for accomplishing the work?

Word count 0 of 300

- * Will this project impact the work of affiliate staff? If so, which staff will be impacted; what will be their role(s); and how many hours per week, on average, will be devoted to the grant work by each.

Word count 0 of 300

- * Are you currently receiving any other grants from NEA? If so, please explain and include amount.

Word count 0 of 300

- * Have you submitted any other application(s) for grant funding through the NEA for which you are currently awaiting a response, or do you plan to submit one soon? If so, please explain and include amount and type of request.

Word count 0 of 300

- * What specific resources is your affiliate committing to the project (in-kind, monetary, etc.)?

Word count 0 of 300

- * In addition to funding, what other types of support, if any, do you anticipate seeking from the NEA?

Word count 0 of 300

- * How will you share your findings with NEA members and K-12 stakeholders in your state and beyond?

Word count 0 of 300

- * Please confirm you are a recognized affiliate of the NEA, at either the state or local level. Only affiliates are allowed to apply for State & Local Project Grants.

Enter "Yes, I'm eligible" or "No, I am not eligible"

- * Not only is it important that our affiliate grantees are supported and have success, but it is also important that we use their learnings to assist other NEA affiliates pursuing work on the same/similar subjects. Please list any/all potential Intellectual Property (IP) that the grant will/may create. This includes but is not limited to training materials, curriculum, presentations, models, reports and/or other helpful material. If awarded, we will ask that you submit to NEA any IP created as part of your progress reporting.

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 %
- Active Professional %
- Higher Education %
- ESP %
- Retired %

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 (out of 50) that further describe your grant program content and focus:**

- Affiliate leadership development
- Assessment of student learning
- Bully free
- Career pathways/career continuum
- Centers for teaching and learning
- Classroom management
- Closing the achievement gap
- College and career ready standards/programs
- Community outreach and engagement (parents, family, community)
- Community schools
- Contract waivers and flexibility
- Cultural competency/culturally responsive pedagogy
- Curriculum standards and/or development
- Distributive leadership
- Early career induction/orientation
- Educator evaluation/effectiveness
- English language learners
- ESP career growth continuum\growth models
- ESP early career orientation
- ESSA
- Gifted and talented
- Improving instruction/instructional strategies
- Instructional leaders
- LGBTQ/SOGI
- Mentoring/coaching
- NBCT/jump start
- New leaders development
- PA/PAR
- Policy change/contract waiver
- Pre-service teaching
- Priority schools
- Professional learning/professional communities
- Recruitment of educators of color
- Recruitment of educators
- Residency
- Restorative justice
- Retention in the profession
- Safe and healthy schools
- School improvement
- School to prison pipeline
- Social justice

- Social/emotional justice
- Special education
- Student learning objectives
- Student mentoring
- Student success
- Unconscious bias
- Virtual professional development
- Whole school systems learning

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

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

Word count 0 of 300



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Affiliate Information Request Information **Project Budget** Anticipated Results Communications Terms Attachments Review My Application

Project Budget

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BUDGET CATEGORIES

PERSONNEL/STAFFING: can include salary, benefits, stipends/leader pay, substitutes, etc.

TRAVEL: flights, lodging, food, mileage, etc.

CONSULTANTS/VENDORS: contracted work with a third party, such as grant evaluation services or a part-time project manager

OTHER DIRECT EXPENSES: can include curriculum materials, meeting space, conference materials/fees, communications materials, printing, postage, etc.

Anticipated Budget

* Amount Requested

Enter your anticipated budget amounts and detail for each of the four budget categories that follow. The sum of the categories below should equal the "Amount Requested" above. Please note, if awarded, that you will be required to submit ACTUAL SPENDING by budget category via online progress and final reports.

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 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 a detailed justification for the proposed travel grant expenditures.

Word count 0 of 300

CONSULTANTS/VENDORS

*** SUB-TOTAL: CONSULTANTS/VENDORS**

*** Provide 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**

*** Promotional Items**

*** Postage Comm.**

*** Printing**

*** Other Direct**

*** SUB-TOTAL: OTHER DIRECT**

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

Word count 0 of 300

Anticipated Non-Grant Revenue

Non-grant revenue that will be used to support the proposed work including in-kind, affiliate budget, and non-affiliate/partner support

*** In-Kind**

*** Affiliates**

*** Non-Affiliates**

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Anticipated Results

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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 reporting.

* **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 # Students Positively Impacted**

either directly or indirectly

0

Grant Specific Metrics

Please provide detail for up to 3 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**

*** Goal 1 Affiliate Staff/Leadership Engagement (by role and purpose)**

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

Goal 2 Affiliate Staff/Leadership Engagement (by role and purpose)

Word count 0 of 300

Goal 3 Description

^
v



Word count 0 of 300

Goal 3 Measurable Outcome(s)

^
v



Word count 0 of 300

Goal 3 Key Activities

^
v



Word count 0 of 300

Goal 3 Anticipated Total Engagement

Goal 3 Affiliate Staff/Leadership Engagement (by role and purpose)

^
v



Word count 0 of 300



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Communications

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As part of the grant, you will be expected to promote the grant program with your affiliate brand and the NEA brand. Additionally, you will be expected to share any products or materials on edCommunities (www.mynea360.org), as appropriate, and share them through your progress reports. It is important to utilize the logo for your affiliate and NEA on materials developed (and as part of the coalition listing if it is a partnership). In order to achieve the promoting of our affiliates, members, and agenda of leading a student-centered focus, please work with your communications staff and/or committee to develop a plan for this grant work.

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 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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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:

File Name: