



Exit

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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 forward your application 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

**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 local affiliate name if different than what the IRS has on file. Federal Education Association should provide the International Affiliate requesting the grant.

\* **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, skip this section.

<b>Prefix</b>	<b>First Name</b>	<b>Middle Name\Initial</b>	<b>Last Name</b>	<b>Suffix</b>
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<input type="text" value="&lt;None&gt;"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="&lt;None&gt;"/>
<b>Title</b>				
<input type="text"/>				
<b>Work Street Address</b>				
<input type="text"/>				
<b>Work City/Province</b>				
<input type="text"/>				
<b>Work State</b>				
<input type="text" value="&lt;None&gt;"/>				
<b>Work Country</b>				
<input type="text" value="&lt;None&gt;"/>				
<b>Work Postal Code</b>				
<input type="text"/>				
<b>E-mail</b>				
<input type="text"/>				
<b>Work Phone</b>	<b>Extension</b>	<b>Work Fax</b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>Mobile Phone</b>				
<input type="text"/>				
<b>Affiliate Partners</b>				
* Will you be partnering with other NEA affiliates on this project?				
<input type="text" value="Yes"/>				
<i>List all NEA state and local affiliate partners for this grant request below.</i>				
<b>Affiliate Partner Name 1</b>	<b>Affiliate Partner Type 1</b>	<b>Affiliate Key Contact 1</b>		
<input type="text"/>	<input type="text" value="State"/>	<input type="text"/>		
<b>Affiliate Partner Name 2</b>	<b>Affiliate Partner Type 2</b>	<b>Affiliate Key Contact 2</b>		
<input type="text"/>	<input type="text" value="State"/>	<input type="text"/>		
<b>Affiliate Partner Name 3</b>	<b>Affiliate Partner Type 3</b>	<b>Affiliate Key Contact 3</b>		
<input type="text"/>	<input type="text" value="State"/>	<input type="text"/>		
<b>Affiliate Partner Name 4</b>	<b>Affiliate Partner Type 4</b>	<b>Affiliate Key Contact 4</b>		
<input type="text"/>	<input type="text" value="State"/>	<input type="text"/>		
<b>Affiliate Partner Name 5</b>	<b>Affiliate Partner Type 5</b>	<b>Affiliate Key Contact 5</b>		
<input type="text"/>	<input type="text" value="State"/>	<input type="text"/>		
<b>Affiliate Partner Name 6</b>	<b>Affiliate Partner Type 6</b>	<b>Affiliate Key Contact 6</b>		
<input type="text"/>	<input type="text" value="State"/>	<input type="text"/>		
<b>Affiliate Partner Name 7</b>	<b>Affiliate Partner Type 7</b>	<b>Affiliate Key Contact 7</b>		
<input type="text"/>	<input type="text" value="State"/>	<input type="text"/>		
<b>Affiliate Partner Name 8</b>	<b>Affiliate Partner Type 8</b>	<b>Affiliate Key Contact 8</b>		
<input type="text"/>	<input type="text" value="State"/>	<input type="text"/>		
<b>Affiliate Partner Name 9</b>	<b>Affiliate Partner Type 9</b>	<b>Affiliate Key Contact 9</b>		
<input type="text"/>	<input type="text" value="State"/>	<input type="text"/>		
<b>Affiliate Partner Name 10</b>	<b>Affiliate Partner Type 10</b>	<b>Affiliate Key Contact 10</b>		

Detail the roles of each affiliate partner identified above.

Word count 0 of 300

**Grant Project Information**

**Grant Project General Information**

\* Submission Date

\* Project Title

Word count 0 of 100

\* Total Request Amount

*\$50,000 maximum*

\* Has your state offered a letter of support of your application?

*The letter of support must be provided as an attachment to this application.*

**Grant Project Primary 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

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

**Grant Project Details**

Will the project impact the work of staff assigned to your affiliate? If so, please explain in detail.

Word count 0 of 300

\* Does the proposal establish a new relationship or continue an existing relationship with a partner?

If you are partnering with other organization(s), what is their capacity to assist the Association with project implementations?

Word count 0 of 300

\* What specific resources are you requesting from NEA?

Word count 0 of 300

\* What is the demographic makeup of your members?

Word count 0 of 300

\* What is the demographic makeup of the community(ies) in which the project will take place?

Word count 0 of 300

\* What specific resources will the State and/or Local commit to the project? Will the State and/or Local look into outside resources? What specific roles will NEA State, Local Leaders, UniServ staff and/or building representatives have?

\* How did you learn about the CAPE Grant Application?

Word count 0 of 100

\* Is your grant project race explicit? If so please explain.

Word count 0 of 100

\* How will your grant project support racial justice in education?

Word count 0 of 100

\* Geographical Area Served by the grant?

Select the State or Country that is MOST impacted.

\* Membership Category(ies) served by the grant?

<input type="checkbox"/> Aspiring Educators	<input type="text" value="0"/> %
<input type="checkbox"/> Active Professional	<input type="text" value="0"/> %
<input type="checkbox"/> Higher Education	<input type="text" value="0"/> %
<input type="checkbox"/> ESP	<input type="text" value="0"/> %
<input type="checkbox"/> Retired	<input type="text" value="0"/> %

**Grant Project Strategic Objectives**

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

- Select One -

\* 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:

- 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

**Grant Project Non-Affiliate Partners**

\* Will you be partnering with any Non-Affiliate partners on this project?

Yes

List all Non-Affiliate partners for this grant request below

<b>Non-Affiliate Partner Name 1</b> <input type="text"/>	<b>Non-Affiliate Partner Type 1</b> Government <input type="checkbox"/>	<b>Non-Affiliate Partner Contact 1</b> <input type="text"/>
<b>Non-Affiliate Partner Name 2</b> <input type="text"/>	<b>Non-Affiliate Partner Type 2</b> Government <input type="checkbox"/>	<b>Non-Affiliate Partner Contact 2</b> <input type="text"/>
<b>Non-Affiliate Partner Name 3</b> <input type="text"/>	<b>Non-Affiliate Partner Type 3</b> Government <input type="checkbox"/>	<b>Non-Affiliate Partner Contact 3</b> <input type="text"/>
<b>Non-Affiliate Partner Name 4</b> <input type="text"/>	<b>Non-Affiliate Partner Type 4</b> Government <input type="checkbox"/>	<b>Non-Affiliate Partner Contact 4</b> <input type="text"/>
<b>Non-Affiliate Partner Name 5</b> <input type="text"/>	<b>Non-Affiliate Partner Type 5</b> Government <input type="checkbox"/>	<b>Non-Affiliate Partner Contact 5</b> <input type="text"/>
<b>Non-Affiliate Partner Name 6</b> <input type="text"/>	<b>Non-Affiliate Partner Type 6</b> Government <input type="checkbox"/>	<b>Non-Affiliate Partner Contact 6</b> <input type="text"/>
<b>Non-Affiliate Partner Name 7</b> <input type="text"/>	<b>Non-Affiliate Partner Type 7</b> Government <input type="checkbox"/>	<b>Non-Affiliate Partner Contact 7</b> <input type="text"/>
<b>Non-Affiliate Partner Name 8</b> <input type="text"/>	<b>Non-Affiliate Partner Type 8</b> Government <input type="checkbox"/>	<b>Non-Affiliate Partner Contact 8</b> <input type="text"/>
<b>Non-Affiliate Partner Name 9</b> <input type="text"/>	<b>Non-Affiliate Partner Type 9</b> Government <input type="checkbox"/>	<b>Non-Affiliate Partner Contact 9</b> <input type="text"/>
<b>Non-Affiliate Partner Name 10</b> <input type="text"/>	<b>Non-Affiliate Partner Type 10</b> Government <input type="checkbox"/>	<b>Non-Affiliate Partner Contact 10</b> <input type="text"/>

Detail the roles of each Non-Affiliate partner identified above.

Word count 0 of 300

**Project Budget**

**Anticipated Budget**

\* Amount Requested

\$50,000 maximum

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

\* Affiliates

\* Non-Affiliates

**TRAVEL**

\* Airfare

\* Mileage

\* Lodging

\* Meals

\* Ground Transportation

0	0	0	0	0
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**\* SUB-TOTAL: TRAVEL**

0

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

Text area with up/down arrows and a checkmark.

Word count 0 of 300

**CONSULTANTS\ VENDORS**

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

0

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

Text area with up/down arrows and a checkmark.

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.

Text area with up/down arrows and a checkmark.

Word count 0 of 300

**Anticipated Results**

**Results Summary**

\* Statement of Need 

Text area with up/down arrows and a checkmark.

Word count 0 of 300

\* Grant Strategy 

Text area with up/down arrows and a checkmark.

Word count 0 of 300

\* Evaluation Plan 

Text area with a checkmark.

Empty text box with up/down arrows.

Word count 0 of 300

**\* Sustainability Plan** ⓘ

Empty text box with up/down arrows and a red checkmark.

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**

**\* Anticipated # New Union Roles Created**

0

**\* Anticipated # New Partnerships Formed**

0

**Grant Specific Metrics**

Please provide detail for up to 8 goals specific to this grant request.

**Goal 1 Description**

Empty text box with up/down arrows and a red checkmark.

Word count 0 of 300

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

Empty text box with up/down arrows and a red checkmark.

Word count 0 of 300

**\* Goal 1 Key Activities**

Empty text box with up/down arrows and a red checkmark.

Word count 0 of 300

**\* Goal 1 Anticipated Total Engagement**

0

**\* Goal 1 Engagement Roles and Purposes**

Text area for Goal 1 Engagement Roles and Purposes with a red checkmark icon on the right.

Word count 0 of 300

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**Goal 2 Description**

Text area for Goal 2 Description with a red checkmark icon on the right.

Word count 0 of 300

**Goal 2 Measurable Outcome(s)**

Text area for Goal 2 Measurable Outcome(s) with a red checkmark icon on the right.

Word count 0 of 300

**Goal 2 Key Activities**

Text area for Goal 2 Key Activities with a red checkmark icon on the right.

Word count 0 of 300

**Goal 2 Anticipated Total Engagement**

0

**Goal 2 Engagement Roles and Purposes**

Text area for Goal 2 Engagement Roles and Purposes with a red checkmark icon on the right.

Word count 0 of 300

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**Goal 3 Description**

Text area for Goal 3 Description with a red checkmark icon on the right.

Word count 0 of 300

**Goal 3 Measurable Outcome(s)**

Text area for Goal 3 Measurable Outcome(s) with a red checkmark icon on the right.

Word count 0 of 300

**Goal 3 Key Activities**

Text area for Goal 3 Key Activities with a red checkmark icon on the right.

Word count 0 of 300

**Goal 3 Anticipated Total Engagement**

0

**Goal 3 Engagement Roles and Purposes**



Word count 0 of 300

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**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**

**Goal 4 Engagement Roles and Purposes**

Word count 0 of 300

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**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**

**Goal 5 Engagement Roles and Purposes**

Word count 0 of 300

**Goal 6 Description**

^  
v



Word count 0 of 300

**Goal 6 Measurable Outcome(s)**

^  
v



Word count 0 of 300

**Goal 6 Key Activities**

^  
v



Word count 0 of 300

**Goal 6 Anticipated Total Engagement**

**Goal 6 Engagement Roles and Purposes**

^  
v



Word count 0 of 300

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**Goal 7 Description**

^  
v



Word count 0 of 300

**Goal 7 Measurable Outcome(s)**

^  
v



Word count 0 of 300

**Goal 7 Key Activities**

^  
v

Word count 0 of 300

**Goal 7 Anticipated Total Engagement**

**Goal 7 Engagement Roles and Purposes**

^  
v



Word count 0 of 300

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**Goal 8 Description**

^  
v



Word count 0 of 300

## Goal 8 Measurable Outcome(s)

Word count 0 of 300

## Goal 8 Key Activities

Word count 0 of 300

## Goal 8 Anticipated Total Engagement

## Goal 8 Engagement Roles and Purposes

Word count 0 of 300

## Communications Plan

## 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)

## Terms

## NEA GRANT TERMS

1. Only NEA affiliates are eligible for these NEA grants. By applying for this grant, you affirm that your affiliate is an NEA affiliate subject to the requirements of the NEA Constitution and Bylaws.
2. Record all member recruitment and engagement data (one on ones, new members, and new leaders) in My Workers VAN, NEA360, or another mutually acceptable and accessible database that allows the information to be appended to the member's profile.
3. Funds will be provided to the affiliate as documented progress is reported and outcomes are achieved, per NEA approval.
4. 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.
5. Affiliate leaders will share program development, materials, and key learnings with other affiliates electronically (e.g., virtual events and [www.mynea360.org](http://www.mynea360.org)) and/or at appropriate events.
6. 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.
7. 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.
8. A NEA liaison will be assigned to each awarded grant. The affiliate grant contact will respond promptly to communications from the NEA liaison.
9. 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.
10. 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.
11. 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.
12. As a part of the CAPE Grant Application process, it is a requirement to participate in Racial Justice Training provided by the NEA. Further details will be provided if awarded a CAPE Grant.
13. As part of the CAPE Grant Application process, it is a requirement to provide quarterly reports on your grant project should you be awarded. Further details will be provided if awarded a CAPE grant.

**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