



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**

\* **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?

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

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

<input type="text"/>	State <input type="button" value="v"/>	<input type="text"/>
<b>Affiliate Partner Name 9</b>	<b>Affiliate Partner Type 9</b>	<b>Affiliate Key Contact 9</b>
<input type="text"/>	State <input type="button" value="v"/>	<input type="text"/>
<b>Affiliate Partner Name 10</b>	<b>Affiliate Partner Type 10</b>	<b>Affiliate Key Contact 10</b>
<input type="text"/>	State <input type="button" value="v"/>	<input type="text"/>

Detail the roles of each affiliate partner identified above.

Word count 0 of 300

### Request Information

#### Request General Information

**\* Submission Date**

9/23/2020

**\* Project Title**

Word count 0 of 100

**\* Total Request Amount**

**\* Is your State Affiliate aware of this grant application?**

Yes

*NOTE: Safe and Just Schools Funding grants are 12-months in term.*

#### 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.*

<b>Prefix</b>	<b>First Name</b>	<b>Middle Name\Initial</b>	<b>Last Name</b>	<b>Suffix</b>
- Select One - <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<None> <input type="button" value="v"/>

**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

\* What is the potential of the proposed program or activities to identify and mitigate systemic barriers to student and educator success, especially for students who are or have been disproportionately impacted by systemic and discriminatory racial and social justice policies?

Word count 0 of 300

\* What is the ability to expand the capacity of the Affiliate to lead in addressing issues of health and safety, and in transforming learning and working conditions to end racial and social injustice?

Word count 0 of 300

\* Discuss the strength of partnerships, coalitions, or alliances involved (excludes contractors and consultants) and degree of collaboration and commitment to the successful outcome of the project by all.

Word count 0 of 300

\* Discuss the potential for expansion or sustaining of the Award activities.

Word count 0 of 300

\* What is the potential for extending the program, practice, or findings to other NEA Affiliates or Chapters and how might you approach it?

Word count 0 of 300

\* Is there a degree of innovation for the Affiliate(s) and/or presentation of new ways to recruit, engage, and retain members in addressing health and safety, or unjust learning conditions while demonstrating an intentional, strategic approach:a. informed by the Affiliate(s) membership, their students, and/or the community;b. promoting deep member engagement, leadership development, and collective action; and c. relying on data analytics, accountability, and continuous improvement.

Word count 0 of 300

\* Have you considered obtaining in-kind, matching, or external funding from additional sources to support this Safe and Just Schools Partnership Funding proposal and its continuation?

Word count 0 of 300

\* Discuss any opportunities related to potential leadership development, community and member engagement, and non-member recruitment in the proposed grant activities.

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

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 Safe and Just Schools partnership funding.

YES I am an NEA affiliate [dropdown arrow]

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.

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

Word count 0 of 300

\* Geographical Area Served by the grant?

Select the State or Country that is MOST impacted.

- Select One - [dropdown arrow]

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

- Aspiring Educators [input: 0] %
- Active Professional [input: 0] %
- Higher Education [input: 0] %
- ESP [input: 0] %
- Retired [input: 0] %

**Project Budget**

**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

Empty input box

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

\* **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

**Anticipated Results**

**Results Summary**

\* Statement of Need

Word count 0 of 300

Sustainability Plan, if applicable

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*

**Grant Specific Metrics**

Please provide detail for the goal specific to this grant request.

\* Goal Description

Word count 0 of 300

\* Measurable Outcome(s)

Word count 0 of 300

\* Key Activities

Word count 0 of 300

\* Members and Non-Members Engaged (numbers and roles)

Word count 0 of 300

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

Word count 0 of 300

### 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.

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**

**Attachments**

**There are no files attached.**

Save & Finish Later

Submit