

NEA Organizing**Affiliate Information****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"

- Select One -

Country

- Select One -

Postal Code

Affiliate Type**Geographic Environment****Number of Affiliate Members****Number of Potential Affiliate Members***State affiliated can leave the default value of zero (0) and skip this question.*

0

Are you a Local Option UniServ?

N/A

Local Affiliate Leadership Contact*LOCAL AFFILIATES, you are **required** to provide the local affiliate leader's contact information below. STATE AFFILIATES, skip this section.***Prefix First Name Middle Name\Initial Last Name**

<None>

Suffix

<None>

Title**Work Street Address****Work City\Province****Work State**

<None>

Work Country

<None>

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?

Affiliate Partner Name 1 Affiliate Partner Type 1

Affiliate Key Contact 1

Affiliate Partner Name 2 Affiliate Partner Type 2

Affiliate Key Contact 2

Affiliate Partner Name 3 Affiliate Partner Type 3

Affiliate Key Contact 3

Affiliate Partner Name 4 Affiliate Partner Type 4

Affiliate Key Contact 4

Affiliate Partner Name 5 Affiliate Partner Type 5

Affiliate Key Contact 5

Affiliate Partner Name 6 Affiliate Partner Type 6

Affiliate Key Contact 6

Affiliate Partner Name 7 Affiliate Partner Type 7

Affiliate Key Contact 7

Affiliate Partner Name 8 Affiliate Partner Type 8

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Affiliate Partner Name 9 Affiliate Partner Type 9

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Affiliate Partner Name 17 Affiliate Partner Type 17

Affiliate Key Contact 17

Affiliate Partner Name 18 Affiliate Partner Type 18

Affiliate Key Contact 18

Affiliate Partner Name 19 Affiliate Partner Type 19

Affiliate Key Contact 19

Affiliate Partner Name 20 Affiliate Partner Type 20

Affiliate Key Contact 20

Affiliate Partner Roles Description

Request Information

Request General Information**Submission Date**

6/16/2020

Project Title**Total Request Amount****Is your State Affiliate aware of this grant application?****Organizing Payments Issued To****Organizing Grant Categories****Organizing NEA Staff Partner****2020 Education Summer Program**

Complete this section if you selected "Education Summer" as your Organizing Grant Category above.

Will you have access to new employee orientations?**Will your local receive the new employee list for the 2020-2021 school year?****Will you local have access to summer school sites for summer 2020?****Does your local have a current membership list with contact information for each worksite?****Does your local plan on visiting summer schools during its Education Summer program?****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**

- Select One -

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 -

Work Country

- Select One -

Work Postal Code

E-mail

Work Phone

Extension

Work Fax

Mobile Phone

Request Detail

Theory of Success: How will you know that the project was successful? What is the story you want to tell when the project is complete?

Please identify each applicable Organizing Foci

How is the work aligned to your overall state/local organizing plan?

Geographical Area Served by the grant?

Select the State or Country that is MOST impacted.

Membership Category(ies) served by the grant?

Must = 100%

Strategic Objectives

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

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

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

Project Budget

Anticipated Budget

Amount Requested

Enter your anticipated budget amounts for each budget category. For those amounts not applicable to your grant budget, leave the default value of zero (0). Please note that you will be required to submit ACTUAL SPENDING by budget category via online progress and final reports.

REVENUE

Revenue in addition to funds requested by NEA

In-Kind	Affiliates
0	0

Non-Affiliates

0

PERSONNEL\STAFFING

Salaries	Benefits	Paid Release Time	Stipends
0	0	0	0

Substitutes

0

SUB-TOTAL: PERSONNEL\STAFFING

0

Provide a detailed justification for the proposed personnel/staffing grant expenditures.

Enter NA if not applicable.

TRAVEL

Airfare	Mileage	Lodging	Meals
0	0	0	0

Ground
Transportation

0

SUB-TOTAL: TRAVEL

0

Provide a detailed justification for the proposed travel grant expenditures.

Enter NA if not applicable.

CONSULTANTS\ VENDORS

SUB-TOTAL: CONSULTANTS\ VENDORS

0

Provide a detailed justification for the proposed travel grant expenditures.

Enter NA if not applicable.

OTHER DIRECT

Training Materials	Curriculum Materials	Office Supplies	Equipment
0	0	0	0

**Meeting
Space**
0

Postage Comm.	Printing
0	0

Other Direct
0

SUB-TOTAL: OTHER DIRECT

0

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

Enter NA if not applicable.

Anticipated Results

Results Summary

Statement of Need

Grant Strategy

Evaluation Plan

Sustainability Plan

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 # One on Ones

0

Grant Specific Metrics

Please provide detail for up to 5 goals specific to this grant request.

Goal 1 Description

What do you want to accomplish? Should be aligned with the Organizing Foci.

Goal 1 Measurable Outcome(s)

What does success look like? What are your numeric measures on each goal?

Goal 1 Key Activities**Goal 1 Anticipated Total Engagement**

0

Goal 1 Engagement Roles and Purposes

Goal 2 Description

What do you want to accomplish? Should be aligned with the Organizing Foci.

Goal 2 Measurable Outcome(s)

What does success look like? What are your numeric measures on each goal?

Goal 2 Key Activities**Goal 2 Anticipated Total Engagement**

0

Goal 2 Engagement Roles and Purposes

Goal 3 Description

What do you want to accomplish? Should be aligned with the Organizing Foci.

Goal 3 Measurable Outcome(s)

What does success look like? What are your numeric measures on each goal?

Goal 3 Key Activities**Goal 3 Anticipated Total Engagement**

0

Goal 3 Engagement Roles and Purposes

Goal 4 Description*What do you want to accomplish? Should be aligned with the Organizing Foci.***Goal 4 Measurable Outcome(s)***What does success look like? What are your numeric measures on each goal?***Goal 4 Key Activities****Goal 4 Anticipated Total Engagement**

0

Goal 4 Engagement Roles and Purposes

Goal 5 Description*What do you want to accomplish? Should be aligned with the Organizing Foci.***Goal 5 Measurable Outcome(s)***What does success look like? What are your numeric measures on each goal?***Goal 5 Key Activities****Goal 5 Anticipated Total Engagement**

0

Goal 5 Engagement Roles and Purposes

Communications

Communications Plan Summary

*A Communications Plan outlines a strategic approach to providing stakeholders with information regarding your project. The plan defines who should be given information, when that information should be delivered and what communications channels will be used to deliver the information. **If not applicable you must enter "NA"***

Communications Plan - Description and Goal(s)

What do you want to accomplish?

Communications Plan - Measurable Outcome(s)

What does success look like?

Stakeholder Communications Detail

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

Internal Audience(s)

External Audience(s)

Partner Audience(s)

National Audience

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) 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 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

Title of Person Authorized to Agree to Grant Terms