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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**
Non-U.S. affiliates select "Non-U.S."

* **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.

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

Detail the roles of each affiliate partner identified above.

Word count 0 of 300

Request Information

Request General Information

* Submission Date

9/16/2020

* Project Title

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

Word count 0 of 100

* Total Request Amount

[Empty text box]

* 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: [Empty text box]

Work Address: [Empty text box with up/down arrows]

Work City\Province: [Empty text box]

Work State: - Select One

Work Country: [Empty text box]

Work Postal Code: [Empty text box]

E-mail: [Empty text box]

Work Phone, Extension, WorkFax: [Empty text boxes]

Mobile Phone: [Empty text box]

Request Detail

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

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

Word count 0 of 300

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

Creates New Relationship

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

[Empty text box]

Word count 0 of 300

* What programmatic resources do you anticipate requesting in support of the grant request?

[Empty text box]

Word count 0 of 300

* Please provide an overview of the demographics of the affiliate membership.

[Empty text box]

Word count 0 of 300

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

[Empty text box]

Word count 0 of 300

* What is the demographic makeup of educators and/or students that will be impacted by this grant?

[Empty text box]

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?

[Empty text box]

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

- Awareness Building
- Bargaining for the Common Good
- Black Lives Matter
- Community Organizing
- Culture Change

- Economic Justice
- Educator Voice, influence, and professional authority
- Environmental Justice
- Equity
- Ethnic Studies
- Indigenous
- Justice
- Native
- Policy Action
- Policy Change
- Power
- Professional Excellence
- Race Equity
- Racial Equity
- Racial justice in education
- Social justice
- Transformation

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 Government <input type="checkbox"/>	NA Key Contact 1 <input type="text"/>
Non-Affiliate Partner Name 2 <input type="text"/>	Non-Affiliate Partner Type 2 Government <input type="checkbox"/>	NA Key Contact 2 <input type="text"/>
Non-Affiliate Partner Name 3 <input type="text"/>	Non-Affiliate Partner Type 3 Government <input type="checkbox"/>	NA Key Contact 3 <input type="text"/>
Non-Affiliate Partner Name 4 <input type="text"/>	Non-Affiliate Partner Type 4 Government <input type="checkbox"/>	NA Key Contact 4 <input type="text"/>
Non-Affiliate Partner Name 5 <input type="text"/>	Non-Affiliate Partner Type 5 Government <input type="checkbox"/>	NA Key Contact 5 <input type="text"/>

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

Word count 0 of 300

Project Budget

Anticipated Budget

* Amount Requested

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

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

* Promotional Items <input type="text" value="0"/>	* Postage Comm. <input type="text" value="0"/>	* Printing <input type="text" value="0"/>	* Other Direct <input type="text" value="0"/>
--------------------------------------------------------------	----------------------------------------------------------	-----------------------------------------------------	---------------------------------------------------------

*** SUB-TOTAL: OTHER DIRECT**

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

Word count 0 of 300

Anticipated Results

Results Summary

*** Statement of Need** ⓘ

Word count 0 of 300

*** Grant Strategy** ⓘ

Word count 0 of 300

*** Evaluation Plan** ⓘ

Word count 0 of 300

*** Sustainability Plan** ⓘ

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**

*** 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

* Anticipated # New Partnerships Formed

Program Specific Quantitative Metrics

* Anticipated # Community Based/State-Wide Organizations Engaged

Grant Specific Metrics

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

Goal 1 Description

^
v



Word count 0 of 300

* Goal 1 Measurable Outcome(s)

^
v



Word count 0 of 300

* Goal 1 Key Activities

^
v



Word count 0 of 300

* Goal 1 Anticipated Total Engagement

* Goal 1 Engagement Roles and Purposes

^
v



Word count 0 of 300

Goal 2 Description

^
v



Word count 0 of 300

Goal 2 Measurable Outcome(s)

^
v



Word count 0 of 300

Goal 2 Key Activities

^
v



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 and expand/collapse arrows.

Word count 0 of 300

Goal 3 Description

Text area for Goal 3 Description with a red checkmark and expand/collapse arrows.

Word count 0 of 300

Goal 3 Measurable Outcome(s)

Text area for Goal 3 Measurable Outcome(s) with a red checkmark and expand/collapse arrows.

Word count 0 of 300

Goal 3 Key Activities

Text area for Goal 3 Key Activities with a red checkmark and expand/collapse arrows.

Word count 0 of 300

Goal 3 Anticipated Total Engagement

0

Goal 3 Engagement Roles and Purposes

Text area for Goal 3 Engagement Roles and Purposes with a red checkmark and expand/collapse arrows.

Word count 0 of 300

Goal 4 Description

Text area for Goal 4 Description with a red checkmark and expand/collapse arrows.

Word count 0 of 300

Goal 4 Measurable Outcome(s)

Text area for Goal 4 Measurable Outcome(s) with a red checkmark and expand/collapse arrows.

Word count 0 of 300

Goal 4 Key Activities

Text area for Goal 4 Key Activities with a red checkmark and expand/collapse arrows.

Word count 0 of 300

Goal 4 Anticipated Total Engagement

0

Goal 4 Engagement Roles and Purposes

Text area with up/down arrows and a red checkmark.

Word count 0 of 300

Goal 5 Description

Text area with up/down arrows and a red checkmark.

Word count 0 of 300

Goal 5 Measurable Outcome(s)

Text area with up/down arrows and a red checkmark.

Word count 0 of 300

Goal 5 Key Activities

Text area with up/down arrows and a red checkmark.

Word count 0 of 300

Goal 5 Anticipated Total Engagement

0

Goal 5 Engagement Roles and Purposes

Text area with up/down arrows and a red checkmark.

Word count 0 of 300

Communications

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)**

Text area with up/down arrows and a red checkmark.

Word count 0 of 300

*** Communications Plan - Measurable Outcome(s)**

Text area with up/down arrows and a red checkmark.

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

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 biannual progress is reports, outcomes are achieved, and NEA approves the progress
4. Progress reports are due electronically in the format provided every six months. This includes budget reports comparing the actual expenses incurred during grant implementation with the original budget. If significant changes are being made the affiliate grant manager or leader should contact their assigned NEA Sr. Grant Program Specialist.
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 proposed 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 Sr. Grant Program Specialist.
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 Sr. Grant Program Specialist will be assigned to each awarded grant. The affiliate grant manager will respond promptly to communications from the NEA grant specialist, who serves as technical support and provides oversight. Grant Specialists, NEA content experts and NEA governance may request a site visit during grant implementation.
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.

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