



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**

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

7/22/2020 

* **Project Title**

  ✓

Word count 0 of 100

* **Total Request Amount**

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

Yes 

Request Type/Status

Contributions-Read Across America-In Review 

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 "Non-U.S."

- Select One - 

Work Country

- Select One - 

Work Postal Code

E-mail

Work Phone

Extension

work Fax

Mobile Phone

Request Detail

* **Will the project impact the work of staff assigned to your affiliate? If yes, has this been discussed with the manager of the impacted staff?**

  ✓

Word count 0 of 300

* **What type of staff support and volunteers are available at the local/state level to plan and implement the event or activity?**



Empty text box with up/down arrows.

Word count 0 of 300

* How does the event/activity to be funded by NEA RAA event grant fit in the affiliate's overall initiatives?

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

Word count 0 of 300

* Describe the proposed event/activity to be funded by the NEA RAA Event Grant and how it will help highlight the RAA theme of "Celebrating a Nation of Diverse Readers."

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

Word count 0 of 300

* What is the location of your proposed event(s)/activity?

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

Word count 0 of 300

* What Local Associations and School(s) will be involved?

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

Word count 0 of 300

* How would you use the proposed activity as a membership organizing opportunity?

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

Word count 0 of 300

* Describe the plan for involving parents, community members, partners and others.

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 menu with a checkmark.

* Membership Category(ies) involved in 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 - dropdown menu with a checkmark.

* 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
- Literacy
- 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 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 over a maximum of 3 years. 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

* **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 travel grant expenditures.

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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.

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Anticipated Results

Results Summary

* Statement of Need

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v

Word count 0 of 300

* Grant Strategy

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v

Word count 0 of 300

* Evaluation Plan

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v

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**

e.g., family, community/local leaders

*** Anticipated # Leaders Identified**

Program Specific Quantitative Metrics

*** Anticipated # Facebook Page Followers**

*** Anticipated # Twitter Followers**

*** Anticipated # Youtube Channel Viewers**

Grant Specific Metrics

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

Goal 1 Description

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v

Word count 0 of 300



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

^
v

Word count 0 of 300



*** Goal 1 Key Activities**

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v

Word count 0 of 300



*** Goal 1 Anticipated Total Engagement**

*** Goal 1 Engagement Roles and Purposes**



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 Engagement Roles and Purposes

Word count 0 of 300

Goal 3 Description

Word count 0 of 300

Goal 3 Measurable Outcome(s)

Word count 0 of 300

Goal 3 Key Activities

Word count 0 of 300

Goal 3 Anticipated Total Engagement

Goal 3 Engagement Roles and Purposes

Word count 0 of 300

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

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. Approved funds will be provided to the affiliate upon receipt of an invoice on affiliate letterhead.
4. Progress reports are due electronically in the format provided, within 30 days of completion of the event or every six (6) months if you undertake a year-long campaign. This includes budget reports comparing the actual expenses incurred during grant implementation with the original budget. If significant changes are made, the primary grant contact should contact their assigned NEA liaison.
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 grant liaison.
7. A staff liaison from NEA will be assigned to each awarded grant. The affiliate grant contact will respond promptly to communications from the NEA liaison.
8. 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.
9. 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