



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, 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

**Request Information**

**Request General Information**

\* Submission Date

\* Project Title    
Word count 0 of 100

\* Total Request Amount

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

**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  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"*

**Office Country**

**Work Postal Code**

**E-mail**

**Work Phone**

**Extension**

**Work Fax**

**Mobile Phone**

**Request Detail**

\* What issue does the proposed legislation address?


Word count 0 of 300

What is the current legislative status?


\* What stage in the process offers the best opportunity to pass or defeat this proposed legislation?


Word count 0 of 300

\* How much time is there to mount an organized effort in favor or against this proposed legislation?




Word count 0 of 300

\* Provide the most recent text and legislative analysis of this proposed legislation.


Word count 0 of 300

\* Who is leading the Association effort to pass or defeat this legislation?

Word count 0 of 300

\* Describe how the state affiliate has organized internally and externally to pass or defeat this proposed legislation.

Word count 0 of 300

\* Which coalition member(s) is/are most seriously affected by the proposed legislation?

Word count 0 of 300

\* How does this proposed legislation affect Association members, membership loss or growth, public education, NEA, other state affiliates, local affiliates or a combination of these?

Word count 0 of 300

\* How long has the state affiliate been dealing with this proposed legislation or similar bills? Have there been previous votes on this issue? If so, what was the outcome?

Word count 0 of 300

\* How will you engage members in the Association by the actions and activities planned? In essence, what is your member engagement plan? You may attach a plan later in the application.

Word count 0 of 300

\* How will data be captured, recorded and utilized?

Word count 0 of 300

\* Is the state's involvement based primarily on its desire to support a coalition for which it participates?

\* Can this proposed legislation be passed or defeated? Has the Governor taken a position?

Word count 0 of 300

\* Has similar legislation been introduced in this or any other states? If yes, how is the state affiliate using information and learning from those experiences?

Word count 0 of 300

\* Is there a coalition plan to pass or defeat the proposed legislation? If so please attach the written coalition plan and budget in the next section. The budget should include projected partner contribution commitments.

Word count 0 of 300

\* What dollar amount and percentage of the coalition budget will the state affiliate be expected to contribute to coalition effort?

Word count 0 of 300

\* How will any shortfall in commitments or additional needs be addressed?

Word count 0 of 300

\* How can NEA effectively assist the state affiliate to pass or defeat this proposed legislation? Specifically what in-house consulting, communications, technical assistance, and/or staffing does the affiliate need?

Word count 0 of 300

\* 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  0 %
- Active Professional  0 %
- Higher Education  0 %
- ESP  0 %
- Retired  0 %
- Not Applicable  0 %

**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:

- Anti-discrimination
- Charter schools
- Closing the achievement gap
- College and career ready standards/programs
- Community outreach and engagement (parents, family, community)
- Community schools
- Constitutional convention
- Education revenue/taxes
- Educator evaluation/effectiveness
- English language learners
- Health care
- Improving instruction/instructional strategies
- LGBTQ/SOGI
- Minimum wage
- NBCT/jump start
- Payroll deduction
- Pensions/retirement security
- Recruitment of educators of color

- Recruitment of educators
- Redistricting
- Retention in the profession
- Safe and healthy schools
- School improvement
- School to prison pipeline
- Social justice
- Special education
- Union rights\collective bargaining
- Virtual professional development
- Voting rights
- Vouchers

**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

<b>Non-Affiliate Partner Name 1</b> <input type="text"/>	<b>Non-Affiliate Partner Type 1</b> Government <input type="button" value="v"/>	<b>NA Key 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="button" value="v"/>	<b>NA Key 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="button" value="v"/>	<b>NA Key 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="button" value="v"/>	<b>NA Key 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="button" value="v"/>	<b>NA Key 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="button" value="v"/>	<b>NA Key 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="button" value="v"/>	<b>NA Key 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="button" value="v"/>	<b>NA Key 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="button" value="v"/>	<b>NA Key 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="button" value="v"/>	<b>NA Key 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

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 

**CONSULTANTS/VENDORS**

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

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

Word count 0 of 300

**DIRECT COMMUNICATIONS**

\* Digital    
 \* Radio    
 \* Television    
 \* Mail


\* **SUB-TOTAL: DIRECT COMMUNICATIONS**

\* Provide a detailed justification for the proposed direct communications 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**

**Program Specific Quantitative Metrics**

*None provided, please confirm.*

**Grant Specific Metrics**

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

**Goal 1 Description**

Word count 0 of 300

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

Word count 0 of 300

**\* Goal 1 Key Activities**

Word count 0 of 300



**\* Goal 1 Anticipated Total Engagement**

0

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

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

Word count 0 of 300

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**Goal 2 Description**

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

Word count 0 of 300

**Goal 2 Measurable Outcome(s)**

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

Word count 0 of 300

**Goal 2 Key Activities**

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

Word count 0 of 300

**Goal 2 Anticipated Total Engagement**

0

**Goal 2 Engagement Roles and Purposes**

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

Word count 0 of 300

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**Goal 3 Description**

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

Word count 0 of 300

**Goal 3 Measurable Outcome(s)**

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

Word count 0 of 300

**Goal 3 Key Activities**

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

Word count 0 of 300

**Goal 3 Anticipated Total Engagement**

0

**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**

0

**Goal 4 Engagement Roles and Purposes**

Word count 0 of 300

**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**

0

**Goal 5 Engagement Roles and Purposes**

^  
v



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

**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**



Empty text box with up/down arrows on the right side.

Word count 0 of 300

**Goal 8 Description**

Text box for Goal 8 Description with up/down arrows and a red checkmark on the right.

Word count 0 of 300

**Goal 8 Measurable Outcome(s)**

Text box for Goal 8 Measurable Outcome(s) with up/down arrows and a red checkmark on the right.

Word count 0 of 300

**Goal 8 Key Activities**

Text box for Goal 8 Key Activities with up/down arrows and a red checkmark on the right.

Word count 0 of 300

**Goal 8 Anticipated Total Engagement**

Input field containing the number 0.

**Goal 8 Engagement Roles and Purposes**

Text box for Goal 8 Engagement Roles and Purposes with up/down arrows and a red checkmark on the right.

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 box for Communications Plan - Description and Goal(s) with up/down arrows and a red checkmark on the right.

Word count 0 of 300

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

Text box for Communications Plan - Measurable Outcome(s) with up/down arrows and a red checkmark on the right.

**Stakeholder Communications Detail**

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

**Internal Audience(s)**

Text box for Internal Audience(s) with up/down arrows and a red checkmark on the right.

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 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 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**

**Verify Name of Person Authorized to Agree to Grant Terms**

**Attachments**

**There are no files attached.**

Save & Finish Later

Submit