|  |
| --- |
| **GPS Fund** |
| **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 affiliate name if different than what the IRS has on file. For a joint application of multiple NEA affiliates, please include the lead affiliate here.* |   |
|   |  |   |
|   | **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** |
|   |  |

|  |  |
| --- | --- |
|   | **Are you a Local Option UniServ?** |
|   |  |

 |
|   | **Number of Affiliate Members** |   |
|   |  |   |
|   | **Number of Potential Affiliate Members** |   |
|   | *Number of non-members currently in your footprint, that could potentially become members.* |   |
|   |  |   |
|  |  |  |
| **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** |
|   | <None> |
|   | **First Name** |
|   |  |

|  |  |
| --- | --- |
|   | **Middle Name\Initial** |
|   |  |
|   | **Last Name** |
|   |  |

|  |  |
| --- | --- |
|   | **Suffix** |
|   | <None> |

 |
|   | **Title** |   |
|   |  |   |
|   | **Work Street Address** |   |
|   |  |   |
|   | **Work City\Province** |   |
|   | *For non-U.S., provide state, province, territory, county as required* |   |
|   |  |   |
|   | **Work State** |   |
|   | *For Federal Education Association select "na"* |   |
|   | <None> |   |
|   | **Work Country** |   |
|   | <None> |   |
|   | **Work Postal Code** |   |
|   |  |   |
|   | **E-mail** |   |
|   |  |   |
|   |

|  |  |
| --- | --- |
|   | **Work Phone** |
|   |  |

|  |  |
| --- | --- |
|   | **Extension** |
|   |  |

 |
|   | **Mobile Phone** |   |
|   |  |   |
|  |  |  |
| **Affiliate Partners** |
|   | **Will you be partnering with other NEA affiliates on this project?** |   |
|   |  |   |
|   | *List all other NEA state and local affiliate partners for this grant request below, if any. If this is a grant application of multiple NEA affiliates, NEA will work directly with the primary contact for the lead affiliate only, as listed in this application. The lead affiliate who submitted the grant will be responsible for coordinating and submitting all progress reports, including budget actuals.* |   |
|   |   |   |
|   |

|  |  |
| --- | --- |
|   | **Affiliate Partner Name 1** |
|   |  |
|   | **Partner Type 1** |
|   |  |

|  |  |
| --- | --- |
|   | **Key Contact 1** |
|   |  |

|  |  |
| --- | --- |
|   | **Key Contact Email 1** |
|   |  |

 |
|   |

|  |  |
| --- | --- |
|   | **Affiliate Partner Name 2** |
|   |  |
|   | **Partner Type 2** |
|   |  |

|  |  |
| --- | --- |
|   | **Key Contact 2** |
|   |  |

|  |  |
| --- | --- |
|   | **Key Contact Email 2** |
|   |  |

 |
|   |

|  |  |
| --- | --- |
|   | **Affiliate Partner Name 3** |
|   |  |
|   | **Partner Type 3** |
|   |  |

|  |  |
| --- | --- |
|   | **Key Contact 3** |
|   |  |

|  |  |
| --- | --- |
|   | **Key Contact Email 3** |
|   |  |

 |
|   |

|  |  |
| --- | --- |
|   | **Affiliate Partner Name 4** |
|   |  |
|   | **Partner Type 4** |
|   |  |

|  |  |
| --- | --- |
|   | **Key Contact 4** |
|   |  |

|  |  |
| --- | --- |
|   | **Key Contact Email 4** |
|   |  |

 |
|   |

|  |  |
| --- | --- |
|   | **Affiliate Partner Name 5** |
|   |  |
|   | **Partner Type 5** |
|   |  |

|  |  |
| --- | --- |
|   | **Key Contact 5** |
|   |  |

|  |  |
| --- | --- |
|   | **Key Contact Email 5** |
|   |  |

 |
|   |

|  |  |
| --- | --- |
|   | **Affiliate Partner Name 6** |
|   |  |
|   | **Partner Type 6** |
|   |  |

|  |  |
| --- | --- |
|   | **Key Contact 6** |
|   |  |

|  |  |
| --- | --- |
|   | **Key Contact Email 6** |
|   |  |

 |
|   |

|  |  |
| --- | --- |
|   | **Affiliate Partner Name 7** |
|   |  |
|   | **Partner Type 7** |
|   |  |

|  |  |
| --- | --- |
|   | **Key Contact 7** |
|   |  |

|  |  |
| --- | --- |
|   | **Key Contact Email 7** |
|   |  |

 |
|   |

|  |  |
| --- | --- |
|   | **Affiliate Partner Name 8** |
|   |  |
|   | **Partner Type 8** |
|   |  |

|  |  |
| --- | --- |
|   | **Key Contact 8** |
|   |  |

|  |  |
| --- | --- |
|   | **Key Contact Email 8** |
|   |  |

 |
|   |

|  |  |
| --- | --- |
|   | **Affiliate Partner Name 9** |
|   |  |
|   | **Partner Type 9** |
|   |  |

|  |  |
| --- | --- |
|   | **Key Contact 9** |
|   |  |

|  |  |
| --- | --- |
|   | **Key Contact Email 9** |
|   |  |

 |
|   |

|  |  |
| --- | --- |
|   | **Affiliate Partner Name 10** |
|   |  |
|   | **Partner Type 10** |
|   |  |

|  |  |
| --- | --- |
|   | **Key Contact 10** |
|   |  |

|  |  |
| --- | --- |
|   | **Key Contact Email 10** |
|   |  |

 |
|   | **Detail the roles of each affiliate partner identified above.** |   |
|   |  |   |
|  |  |  |
| **Request Information** |
| **Request General Information** |
|   | **Submission Date** |   |
|   |  |   |
|   | **Project Title** |   |
|   |  |   |
|   |

|  |  |
| --- | --- |
|   | **Total Request Amount**    |
|   |  |
|   | **Grant Term (in months)**    |
|   |  |

|  |  |
| --- | --- |
|   | **Will you accept a shorter term?** |
|   |  |

 |
|   | **Is your State Affiliate aware of this grant application?** |   |
|   |  |   |
|  |  |  |
| **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 "na"* |   |
|   | - Select One - |   |
|   | **Work Country** |   |
|   | - Select One - |   |
|   | **Work Postal Code** |   |
|   |  |   |
|   | **E-mail** |   |
|   |  |   |
|   |

|  |  |
| --- | --- |
|   | **Work Phone** |
|   |  |

|  |  |
| --- | --- |
|   | **Extension** |
|   |  |

 |
|   | **Mobile Phone** |   |
|   |  |   |
|  |  |  |
| **Request Detail** |
|   | **Within the NEA specifically, do you have any other active grants, grants proposed, or grants being submitted at this time? If yes, please identify the NEA funding source (department), status, amount, and purpose.** |   |
|   | *if not applicable, enter "NA"* |   |
|   |  |   |
|   | **If this proposal is a renewal/continuation of a previously awarded GPS Fund Grant, include the Grant ID number and description of the prior grant work, including if this new proposal represents a change in direction from the prior work.** |   |
|   | *if not applicable, enter "NA"* |   |
|   |  |   |
|   | **Applications with a primary focus on Early Career Educators and/or Racial Justice in Education will receive additional weight in the scoring and evaluation process. Will your proposed work focus on either or both of these topics? If so, briefly explain which topic(s) and how it will be the primary focus of the grant.** |   |
|   | *if not applicable, enter "NA"* |   |
|   |  |   |
|   | **Provide an estimated percentage to which each topic(s) are the focus of your grant proposal.** |   |
|   | *(e.g., Racial Justice 50%, Early Career Educators 30%)* |   |
|   |  |   |
|   | **Verification of Affiliate Support** |   |
|   | *In the text box below, please write out in full the language applicable to your request. The options below are provided for ease, but other language may be used, as appropriate.*1. *The affiliate leaders identified herein as contacts represent the affiliate and Board of Directors in support of this grant proposal to NEA (Letter of Support encouraged as an attachment).*
2. *The NEA GPS Fund grant application goals, program plan, and outcomes are aligned with the local/state affiliate strategic plan or goals (attachment of language encouraged).*
3. *Affiliate staff (if applicable) and/or officers will be engaged in the grant plan.*
4. *Affiliate leaders have communicated with the state and regional leaders about this grant application.*
5. *The affiliate Communications staff and/or committee will support promotion of the progress and outcomes of this grant through media outreach.*
 |   |
|   |  |   |
|   | **Provide a summary description of the proposed grant work.** |   |
|   | *Appropriate for a media release or the general public to understand the work.* |   |
|   |  |   |
|   | **What is the potential of the proposed work to positively impact student success, especially in schools with the greatest need?** |   |
|   |  |   |
|   | **Briefly describe, in what way would this investment in your affiliate expand your capacity to lead student-centered programs with union-led efforts.** |   |
|   |  |   |
|   | **Describe the capacity/readiness of your affiliate to implement your plan.** |   |
|   |  |   |
|   | **How does this grant program align with the NEA Leadership Competencies, specifically the “Leading Our Professions” Level Two (mobilizing and power building) and/or Level Three (agenda driving) progressions. For reference, the LOP Competencies can be found here on Pages 18-19: https://www.nea.org/sites/default/files/2021-10/NEA%20Leadership%20Competency%20Guide%20%282021%29%20FINAL.pdf** |   |
|   |  |   |
|   | **Describe the degree of innovation and presentation of new ways to engage members in addressing a professional quality need or issue identified by the affiliate's membership.** |   |
|   |  |   |
|   | **What financial resources, if any, will your affiliate invest? Also, have you considered obtaining or seeking in-kind, matching, or external funding to support grant implementation (and continuation post-grant)? If so, please explain.** |   |
|   |  |   |
|   | **What is your overall strategy for leadership development, engagement, and organizing of members, and/or non-member recruitment, in the proposed activities.** |   |
|   |  |   |
|   | **Please describe how affiliate staff and leaders will be involved in the proposed grant work.** |   |
|   | *Can include elected leaders, board members, committee members, staff (e.g., Uniserv, PD, Communications, Finance, Caucuses, and others such as contracted Grants Managers)* |   |
|   |  |   |
|   | **What members (from the membership categories below) will be engaged, including their time committment and role?** |   |
|   | * *Certified Professional - Pre K-12*
* *Certified Professional - Higher Education*
* *Education Support Professional*
* *Student*
* *Retired*
 |   |
|   |  |   |
|   | **In order to build the capacity of all of NEA, GPS Fund grants are only awarded to affiliates. As your program develops, how do you plan to share or extend your program, products, and findings with other state or local affiliates and other stakeholders?** |   |
|   |  |   |
|   | **Not only is it important that our affiliate grantees are supported and have success, but it is also important that we use their grant learnings to assist other NEA affiliates pursuing work on the same/similar subject(s). 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 materials. If awarded, we will ask that you please submit to NEA any IP created as part of your progress reporting, which will allow us to share learnings with other NEA affiliates.** |   |
|   |  |   |
|   | **How do you plan to keep track of data, metrics, and participants related to the grant work? Do you know of, or plan to use NEA360?** |   |
|   |  |   |
|   | **Number of Teacher Leaders currently in the affiliate?** |   |
|   |  |   |
|   | **Geographical Area Served by the grant?** |   |
|   | *Select the State or Country that is MOST impacted.* |   |
|   |  |   |
|   | **What members (from the membership categories below) will be engaged? Please estimate as a percentage of the entire grant proposal.** |   |
|   |  |   |
|  |  |  |
| **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 (out of 50) that further describe your grant program content and focus:** |   |
|   |  |   |
|  |  |  |
| **Non-Affiliate Partners** |
|   | **Will you be partnering with any non-affiliate organizations on this project?** |   |
|   |  |   |
|   | *List all NON-affiliate partners for this grant request below:* |   |
|   |   |   |
|   |

|  |  |
| --- | --- |
|   | **Non-Affiliate Partner Name 1** |
|   |  |
|   | **Non-Affiliate Partner Type 1** |
|   |  |

|  |  |
| --- | --- |
|   | **NA Key Contact 1** |
|   |  |

 |
|   |

|  |  |
| --- | --- |
|   | **Non-Affiliate Partner Name 2** |
|   |  |
|   | **Non-Affiliate Partner Type 2** |
|   |  |

|  |  |
| --- | --- |
|   | **NA Key Contact 2** |
|   |  |

 |
|   |

|  |  |
| --- | --- |
|   | **Non-Affiliate Partner Name 3** |
|   |  |
|   | **Non-Affiliate Partner Type 3** |
|   |  |

|  |  |
| --- | --- |
|   | **NA Key Contact 3** |
|   |  |

 |
|   |

|  |  |
| --- | --- |
|   | **Non-Affiliate Partner Name 4** |
|   |  |
|   | **Non-Affiliate Partner Type 4** |
|   |  |

|  |  |
| --- | --- |
|   | **NA Key Contact 4** |
|   |  |

 |
|   |

|  |  |
| --- | --- |
|   | **Non-Affiliate Partner Name 5** |
|   |  |
|   | **Non-Affiliate Partner Type 5** |
|   |  |

|  |  |
| --- | --- |
|   | **NA Key Contact 5** |
|   |  |

 |
|   |

|  |  |
| --- | --- |
|   | **Non-Affiliate Partner Name 6** |
|   |  |
|   | **Non-Affiliate Partner Type 6** |
|   |  |

|  |  |
| --- | --- |
|   | **NA Key Contact 6** |
|   |  |

 |
|   |

|  |  |
| --- | --- |
|   | **Non-Affiliate Partner Name 7** |
|   |  |
|   | **Non-Affiliate Partner Type 7** |
|   |  |

|  |  |
| --- | --- |
|   | **NA Key Contact 7** |
|   |  |

 |
|   |

|  |  |
| --- | --- |
|   | **Non-Affiliate Partner Name 8** |
|   |  |
|   | **Non-Affiliate Partner Type 8** |
|   |  |

|  |  |
| --- | --- |
|   | **NA Key Contact 8** |
|   |  |

 |
|   |

|  |  |
| --- | --- |
|   | **Non-Affiliate Partner Name 9** |
|   |  |
|   | **Non-Affiliate Partner Type 9** |
|   |  |

|  |  |
| --- | --- |
|   | **NA Key Contact 9** |
|   |  |

 |
|   |

|  |  |
| --- | --- |
|   | **Non-Affiliate Partner Name 10** |
|   |  |
|   | **Non-Affiliate Partner Type 10** |
|   |  |

|  |  |
| --- | --- |
|   | **NA Key Contact 10** |
|   |  |

 |
|   | **Detail the roles of each NON-affiliate partner identified above.** |   |
|   |  |   |
|  |  |  |
| **Project Budget** |
|   | *Per the GPS Fund Grant Guidelines, grant monies may not be used to fund the following:** *Indirect expenses*
* *Public relations activities*
* *Legislative programs*
* *Political campaigns*
* *Capital improvements or large equipment purchases*
* *Programs or activities covered by other NEA Grants or funded with other NEA monies*
* *Hiring of permanent staff positions\* (unless there is a commitment from the applicant to support the positions in their program budget after the grant term ends).*

*\*Note: Hiring a full-time or part-time term-limited position to manage a Grant is an allowable Grant expense.**The four allowable budget categories are:** *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.*

*Please reference your Budget Worksheet here.* |   |
|   |   |   |
| **Anticipated Budget (YEAR 1)** |
|   | **Amount Requested for Year 1** |   |
|   |  |   |
|   | *Enter your anticipated budget amounts and detail for Year 1 in each of the four budget categories that follow. The sum of the categories below should equal the “Amount Requested for Year 1” 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** |
|   | 0 |
|   | **Benefits** |
|   | 0 |

|  |  |
| --- | --- |
|   | **Paid ReleaseTime** |
|   | 0 |
|   | **Stipends** |
|   | 0 |

|  |  |
| --- | --- |
|   | **Substitutes** |
|   | 0 |

 |
|   | **SUB-TOTAL: PERSONNEL\STAFFING** |   |
|   | 0 |   |
|   | **Provide calculations and a detailed justification for the proposed personnel\staffing grant expenditures.** |   |
|   |  |   |
|   |  |   |
|   |   |   |
|   | **TRAVEL** |
|   |
|   |   |  |
|   |   |   |
|   |

|  |  |
| --- | --- |
|   | **Airfare** |
|   | 0 |
|   | **Mileage** |
|   | 0 |

|  |  |
| --- | --- |
|   | **Lodging** |
|   | 0 |
|   | **Meals** |
|   | 0 |

|  |  |
| --- | --- |
|   | **GroundTransportation** |
|   | 0 |

 |
|   | **SUB-TOTAL: TRAVEL** |   |
|   | 0 |   |
|   | **Provide calculations and a detailed justification for the proposed travel grant expenditures.** |   |
|   |  |   |
|   |  |   |
|   |   |   |
|   | **CONSULTANTS\VENDORS** |
|   |
|   |   |  |
|   |   |   |
|   | **SUB-TOTAL: CONSULTANTS\VENDORS** |   |
|   | 0 |   |
|   | **Provide calculations and a detailed justification for the proposed consultants\vendors grant expenditures.** |   |
|   |  |   |
|   |  |   |
|   |   |   |
|   | **OTHER DIRECT** |
|   |
|   |   |  |
|   |   |   |
|   |

|  |  |
| --- | --- |
|   | **TrainingMaterials** |
|   | 0 |
|   | **CurriculumMaterials** |
|   | 0 |

|  |  |
| --- | --- |
|   | **OfficeSupplies** |
|   | 0 |
|   | **Equipment** |
|   | 0 |

|  |  |
| --- | --- |
|   | **Meeting RoomRental Expense** |
|   | 0 |

 |
|   |

|  |  |
| --- | --- |
|   | **PromotionalItems** |
|   | 0 |
|   | **PostageComm.** |
|   | 0 |

|  |  |
| --- | --- |
|   | **Printing** |
|   | 0 |

|  |  |
| --- | --- |
|   | **Other Direct** |
|   | 0 |

 |
|   | **SUB-TOTAL: OTHER DIRECT** |   |
|   | 0 |   |
|   | **Provide calculations and a detailed justification for the proposed other direct grant expenditures.** |   |
|   |  |   |
|  |  |  |
| **Anticipated Non-Grant Revenue (YEAR 1)** |
|   |

|  |  |
| --- | --- |
|   | **In-Kind**    |
|   | 0 |
|   | **Affiliates**    |
|   | 0 |

|  |  |
| --- | --- |
|   | **Non-Affiliates**    |
|   | 0 |

 |
|  |  |  |
| **Anticipated Budget (YEAR 2)** |
|   | **Amount Requested for Year 2** |   |
|   |  |   |
|   | *Enter your anticipated budget amounts and detail for Year 2 in each of the four budget categories that follow. The sum of the categories below should equal the “Amount Requested for Year 2” 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** |
|   | 0 |
|   | **Benefits** |
|   | 0 |

|  |  |
| --- | --- |
|   | **Paid ReleaseTime** |
|   | 0 |
|   | **Stipends** |
|   | 0 |

|  |  |
| --- | --- |
|   | **Substitutes** |
|   | 0 |

 |
|   | **SUB-TOTAL: PERSONNEL\STAFFING** |   |
|   | 0 |   |
|   | **Provide calculations and a detailed justification for the proposed personnel\staffing grant expenditures.** |   |
|   |  |   |
|   |  |   |
|   |   |   |
|   | **TRAVEL** |
|   |
|   |   |  |
|   |   |   |
|   |

|  |  |
| --- | --- |
|   | **Airfare** |
|   | 0 |
|   | **Mileage** |
|   | 0 |

|  |  |
| --- | --- |
|   | **Lodging** |
|   | 0 |
|   | **Meals** |
|   | 0 |

|  |  |
| --- | --- |
|   | **GroundTransportation** |
|   | 0 |

 |
|   | **SUB-TOTAL: TRAVEL** |   |
|   | 0 |   |
|   | **Provide calculations and a detailed justification for the proposed travel grant expenditures.** |   |
|   |  |   |
|   |  |   |
|   |   |   |
|   | **CONSULTANTS\VENDORS** |
|   |
|   |   |  |
|   |   |   |
|   | **SUB-TOTAL: CONSULTANTS\VENDORS** |   |
|   | 0 |   |
|   | **Provide calculations and a detailed justification for the proposed consultants\vendors grant expenditures.** |   |
|   |  |   |
|   |  |   |
|   |   |   |
|   | **OTHER DIRECT** |
|   |
|   |   |  |
|   |   |   |
|   |

|  |  |
| --- | --- |
|   | **TrainingMaterials** |
|   | 0 |
|   | **CurriculumMaterials** |
|   | 0 |

|  |  |
| --- | --- |
|   | **OfficeSupplies** |
|   | 0 |
|   | **Equipment** |
|   | 0 |

|  |  |
| --- | --- |
|   | **Meeting RoomRental Expense** |
|   | 0 |

 |
|   |

|  |  |
| --- | --- |
|   | **PromotionalItems** |
|   | 0 |
|   | **PostageComm.** |
|   | 0 |

|  |  |
| --- | --- |
|   | **Printing** |
|   | 0 |

|  |  |
| --- | --- |
|   | **Other Direct** |
|   | 0 |

 |
|   | **SUB-TOTAL: OTHER DIRECT** |   |
|   | 0 |   |
|   | **Provide calculations and a detailed justification for the proposed other direct grant expenditures.** |   |
|   |  |   |
|  |  |  |
| **Anticipated Non-Grant Revenue (YEAR 2)** |
|   |

|  |  |
| --- | --- |
|   | **In-Kind**    |
|   | 0 |
|   | **Affiliates**    |
|   | 0 |

|  |  |
| --- | --- |
|   | **Non-Affiliates**    |
|   | 0 |

 |
|  |  |  |
| **Anticipated Budget (YEAR 3)** |
|   | **Amount Requested for Year 3** |   |
|   |  |   |
|   | *Enter your anticipated budget amounts and detail for Year 3 in each of the four budget categories that follow. The sum of the categories below should equal the “Amount Requested for Year 3” 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** |
|   | 0 |
|   | **Benefits** |
|   | 0 |

|  |  |
| --- | --- |
|   | **Paid ReleaseTime** |
|   | 0 |
|   | **Stipends** |
|   | 0 |

|  |  |
| --- | --- |
|   | **Substitutes** |
|   | 0 |

 |
|   | **SUB-TOTAL: PERSONNEL\STAFFING** |   |
|   | 0 |   |
|   | **Provide calculations and a detailed justification for the proposed personnel\staffing grant expenditures.** |   |
|   |  |   |
|   |  |   |
|   |   |   |
|   | **TRAVEL** |
|   |
|   |   |  |
|   |   |   |
|   |

|  |  |
| --- | --- |
|   | **Airfare** |
|   | 0 |
|   | **Mileage** |
|   | 0 |

|  |  |
| --- | --- |
|   | **Lodging** |
|   | 0 |
|   | **Meals** |
|   | 0 |

|  |  |
| --- | --- |
|   | **GroundTransportation** |
|   | 0 |

 |
|   | **SUB-TOTAL: TRAVEL** |   |
|   | 0 |   |
|   | **Provide calculations and a detailed justification for the proposed travel grant expenditures.** |   |
|   |  |   |
|   |  |   |
|   |   |   |
|   | **CONSULTANTS\VENDORS** |
|   |
|   |   |  |
|   |   |   |
|   | **SUB-TOTAL: CONSULTANTS\VENDORS** |   |
|   | 0 |   |
|   | **Provide calculations and a detailed justification for the proposed consultans\vendors grant expenditures.** |   |
|   |  |   |
|   |  |   |
|   |   |   |
|   | **OTHER DIRECT** |
|   |
|   |   |  |
|   |   |   |
|   |

|  |  |
| --- | --- |
|   | **TrainingMaterials** |
|   | 0 |
|   | **CurriculumMaterials** |
|   | 0 |

|  |  |
| --- | --- |
|   | **OfficeSupplies** |
|   | 0 |
|   | **Equipment** |
|   | 0 |

|  |  |
| --- | --- |
|   | **Meeting RoomRental Expense** |
|   | 0 |

 |
|   |

|  |  |
| --- | --- |
|   | **PromotionalItems** |
|   | 0 |
|   | **PostageComm.** |
|   | 0 |

|  |  |
| --- | --- |
|   | **Printing** |
|   | 0 |

|  |  |
| --- | --- |
|   | **Other Direct** |
|   | 0 |

 |
|   | **SUB-TOTAL: OTHER DIRECT** |   |
|   | 0 |   |
|   | **Provide calculations and a detailed justification for the proposed other direct grant expenditures.** |   |
|   |  |   |
|  |  |  |
| **Anticipated Non-Grant Revenue (YEAR 3)** |
|   |

|  |  |
| --- | --- |
|   | **In-Kind**    |
|   | 0 |
|   | **Affiliates**    |
|   | 0 |

|  |  |
| --- | --- |
|   | **Non-Affiliates**    |
|   | 0 |

 |
|  |  |  |
| **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 |   |
|   | **Anticipated # Potential Members Engaged** |   |
|   | 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 # Students Positively Impacted** |   |
|   | *either directly or indirectly* |   |
|   | 0 |   |
|  |  |  |
| **Grant Specific Metrics** |
|   | *Please provide detail for one overarching goal, which can have multiple activities over various timeframes (covering up to 3 years). Please reference your Scope of Work here.* |   |
|   |   |   |
|   | **Goal Description** |   |
|   |  |   |
|   | **Key Activities** |   |
|   |  |   |
|   | **Anticipated Outcome(s) and Measurement(s)** |   |
|   |  |   |
|   | **Timeline** |   |
|   |  |   |
|   | **Members \ Non Members Engaged (numbers and roles)** |   |
|   |  |   |
|   | **Affiliate Staff/Leadership Engagement (by role and purpose)** |   |
|   |  |   |
|   | **Potential Partners (by role and purpose)** |   |
|   |  |   |
|  |  |  |
| **Communications** |
|   | *As part of the grant, you will be expected to promote the grant program with your affiliate brand and the NEA brand. Additionally, you will be expected to share any products or materials on edCommunities (www.mynea360.org), as appropriate, and share them through your progress reports. It is important to utilize the logo for your affiliate and NEA on materials developed (and as part of the coalition listing if it is a partnership). In order to achieve the promoting of our affiliates, members, and agenda of leading a student-centered focus, please work with your communications staff and/or committee to develop a plan for this grant work.* |   |
|   |   |   |
| **Communications Plan Summary** |
|   | *Please provide summary information regarding your communications plan for this grant.* |   |
|   |   |   |
|   | **Communications Plan - Description and Goal(s)** |   |
|   |  |   |
|   | **Communications Plan - Measurable Outcome(s)** |   |
|   |  |   |
|  |  |  |
| **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)** |   |
|   |  |   |
|  |  |  |
| **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.**
12. **Election Activities as Applicable - Your affiliate agrees that grant funds will not be used to make a contribution or expenditure in connection with any election for federal, state, or local public office, or for any other purpose constituting an “exempt function” activity as defined in Section 527 of the Internal Revenue Code, 26 U.S.C. § 527.**
13. **Lobbying Activities as Applicable - Your affiliate understands that funds expended for lobbying activities may require registration and/or reporting pursuant to state or local lobbying disclosure laws. Affiliates should contact NEA Office of General Counsel for guidance.**
14. **By accepting grant funds, your affiliate agrees to use the funding for the specific purpose(s) as outlined in your grant application, as modified and approved by NEA; to submit all requested reports; and to return any funds not used for the purposes outlined in the grant at the end of the grant term. For accounting purposes, NEA has determined that the grant funds are unconditional with donor restrictions. If awarded, please make sure this language is shared with your business manager for accounting purposes.**
15. **If awarded, grantees are to keep accurate and separate records to document Grant expenditures.**
16. **NEA reserves the right to review or audit applicable expenses of awarded Grants.**
17. **If awarded, NEA may terminate this grant at any time if the grantee fails to perform any of its material obligations or materially breaches its representations under this grant, including if grantee uses the funds for any purpose apart from those shown in the grant. If NEA terminates this grant in accordance with this paragraph, its financial obligations under this grant will cease and grantee will refund to NEA any amount paid.**

**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** |   |
|   |  |   |
|   |  |   |
|   |   |   |
|  |  |  |