

Affiliate Information

Affiliate Attributes

Are you a Local Option UniServ?

N/A

No

Yes

*

Number of Affiliate Members*

*

Number of Potential Affiliate Members

Affiliate Partners

Will you be partnering with other NEA affiliates on this project?*

No

Yes

Affiliate Partner Name 1*

Affiliate Partner Type 1*

Local

State

Affiliate Key Contact Email 1*

Affiliate Partner Name 2

Affiliate Partner Type 2

- ☐ Local
☐ State

Affiliate Key Contact Email 2

Affiliate Partner Name 3

Affiliate Partner Type 3

- ☐ Local
☐ State

Affiliate Key Contact Email 3

Affiliate Partner Name 4

Affiliate Partner Type 4

- ☐ Local
☐ State

Affiliate Key Contact Email 4

Affiliate Partner Name 5

Affiliate Partner Type 5

- ☐ Local
☐ State

Affiliate Key Contact Email 5

Maximum number of affiliate partners (5) has been reached.

Detail the roles of each affiliate partner identified above.*

Request Information

Request General Information

Request Date*

MM/DD/YYYY

Total Request Amount (\$7,500 max.)

\$

USD

Is your State Affiliate aware of this grant application?

No

Yes

Project Title*

Request Primary Grant Contact

Enter the Primary Contact for this request below. Contact Role column must be set to "Primary Contact"*

Minimum number of responses: 1

(Displaying first 10 options)

Is primary	Prefix	First name	Middle name	Last name	Email address	Office telephone	Office extension	Mobile telephone	Contact Role (Set to "Primary Contact")

Request Detail

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."*

How will the project impact the work of staff assigned to your affiliate?*

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

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

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

Geographical area served by the grant?*

Select State or Country that is MOST impacted.

(Displaying first 5 options)

- ☐ Domestic/U.S./Northeast Region 1/Connecticut
- ☐ Domestic/U.S./Northeast Region 1/Delaware
- ☐ Domestic/U.S./Northeast Region 1/Maine
- ☐ Domestic/U.S./Northeast Region 1/Maryland
- ☐ Domestic/U.S./Northeast Region 1/Massachusetts

Membership Category*

(Displaying first 5 options)

- ☐ Active Professional
- ☐ Aspiring Educators
- ☐ ESP
- ☐ Higher Education
- ☐ Not Applicable

Giving Program, Type, Status*

- ☐ Contributions/Read Across America/[Pending] In Review

Last Report Type*

- ☐ None

Strategic Objectives

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

(Displaying first 5 options)

- ☐ Elevate the Professions
- ☐ Establish Educational Environments
- ☐ Enhance Equity
- ☐ Engage Diverse Leadership
- ☐ Energize Affiliates

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

(Displaying first 5 options)

- ☐ Advocacy
- ☐ Ballot Measure
- ☐ Collective Bargaining
- ☐ Community Engagement
- ☐ Curriculum Development and Improving Instruction

Select up to five keywords (out of 50) that further describe your grant program content and focus:*

(Displaying first 5 options)

- ☐ Advocacy skills
- ☐ Advocacy (Political)
- ☐ Identification and leadership development
- ☐ Affiliate strength and growth
- ☐ Affiliation campaign

Non-Affiliate Partners

Will you be partnering with any non-affiliate organizations on this project?*

- ☐ No
- ☐ Yes

Non-Affiliate Partner Name 1*

Non-Affiliate Partner Type 1*

- ☐ Government
- ☐ Non-Profit
- ☐ Senior Organization

Non-Affiliate Key Contact 1*

Non-Affiliate Partner Name 2

Non-Affiliate Partner Type 2

- ☐ Government
- ☐ Non-Profit
- ☐ Senior Organization

Non-Affiliate Key Contact 2

Non-Affiliate Partner Name 3

Non-Affiliate Partner Type 3

- ☐ Government
- ☐ Non-Profit

Non-Affiliate Key Contact 3

Non-Affiliate Partner Name 4

Non-Affiliate Partner Type 4

- ☐ Government
- ☐ Non-Profit

Non-Affiliate Key Contact 4

Non-Affiliate Partner Name 5

Non-Affiliate Partner Type 5

- ☐ Government
☐ Non-Profit

Non-Affiliate Key Contact 5

The maximum number of non-affiliate partner organizations (5) has been reached.

Detail the roles of each non-affiliate partner organization identified above.*

Budget

Personnel \ Staffing

Salaries*

\$

USD

Benefits*

\$

USD

Paid Release Time*

\$

USD

Stipends*

\$

USD

Substitutes*

\$

USD

SUBTOTAL: Personnel*

\$

USD

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

Travel

Airfare*

\$

USD

Mileage*

\$

USD

Lodging*

\$

USD

Meals*

\$

USD

Ground Transportation*

\$

USD

SUBTOTAL: Travel*

\$

USD

Provide a detailed justification for the proposed travel grant expenditures.*

Consultants \ Vendors

SUBTOTAL: Consultants \ Vendors*

\$

USD

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

Other Direct

Training Materials*

\$

USD

Curriculum Materials*

\$

USD

Office Supplies*

\$

USD

Equipment*

\$

USD

Meeting Room Rental
Expense

*

\$

USD

Promotional Items*

\$

USD

Postage \ Communications*

\$

USD

Printing*

\$

USD

Other Direct*

\$

USD

SUBTOTAL: Other Direct*

\$

USD

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

Anticipated Non-Grant Revenue

Affiliates*

\$

USD

Non-Affiliates*

\$

USD

In-Kind*

\$

USD

Anticipated Results

Results Summary

Statement of Need*

Please include information that outlines the established need or problem(s) that this grant will address. Utilize data, research and/or NEA program alignment to support the need and your approach. Include information about the targeted area of the grant, such as demographics and geographic area.

Grant Strategy*

The strategy your grant will employ to address the Statement of Need above.

Evaluation Plan*

Please outline the overall evaluation plan for your proposed grant. A partnership with higher education affiliates is encouraged, but not required. The evaluation plan should include an overall evaluation of the grant implementation, capacity building, communications, goals and measurable outcomes.

NEA Quantitative Metrics

Anticipated # Members Engaged *

Anticipated # Potential Members Engaged *

Anticipated # Members Recruited *

Anticipated # of Sharable Resources Developed *

Anticipated # Leaders Identified *

Program Specific Quantitative Metrics

Anticipated # Facebook Page
Followers

Anticipated # Twitter
Followers

Anticipated # Youtube
Channel Viewers

Grant Specific Metrics

Goal 1

Goal 1 Description*

Goal 1 Measurable Outcome(s)*

Goal 1 Key Activities*

Goal 1 Anticipated Total Engagement*

Goal 1 Affiliate \ Staff Leadership Engagement Roles and Purposes*

Goal 2

Goal 2 Description

Goal 2 Measurable Outcome(s)

Goal 2 Key Activities

Goal 2 Anticipated Total Engagement

Goal 2 Affiliate Staff/Leadership Engagement Roles and Purposes

Goal 3

Goal 3 Description

Goal 3 Measurable Outcome(s)

Goal 3 Key Activities

Goal 3 Anticipated Total Engagement

Goal 3 Affiliate Staff\Leadership Engagement Roles and Purposes

Communications

Communications Plan Summary

Communications Plan - Description and Goal(s)*

Communications Plan - Measurable Outcomes*

Stakeholder Communications Detail

Internal Audience(s)

External Audience(s)

Partner Audience(s)

Terms

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.myn360.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 (see #8) 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 by the Center or Department awarding the 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, unless otherwise stated specifically within the grant. 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.

Agreement to Terms

Name of Person Authorized to Agree to Grant Terms*

Title of Person Authorized to Agree to Grant Terms*

Attachments

Proposed RAA Event Budget*

Click or drop files here to upload
Maximum file size: 29MB

Attach additional documents\information below:

Click or drop files here to upload
Maximum file size: 29MB