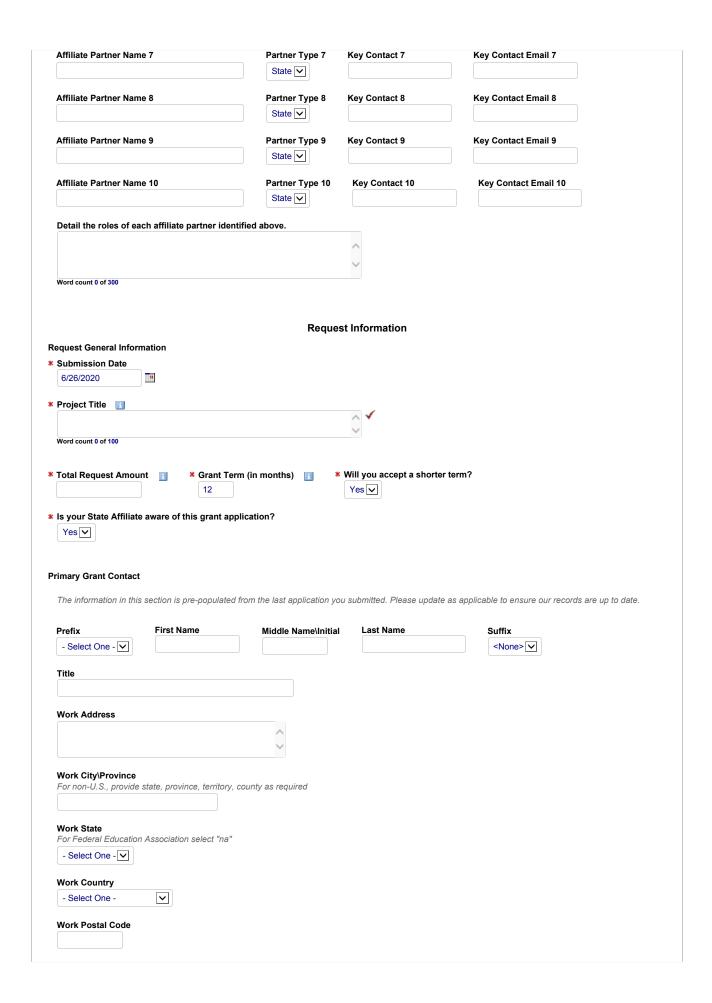**nea** NATIONAL EDUCATION ASSOCIATION

Exit

| Affiliate Information | Request Information | Project Budget | Anticipated Results | Communications | Terms | Attachments | **Review My Application** |

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 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**	✱ **Membership Density**	✱ **Are you a Local Option UniServ?**
- Select One -	- Select One -	Yes

✱ **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	First Name	Middle Name\Initial	Last Name	Suffix
<None> ▾				<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	Work Fax

Mobile Phone

Affiliate Partners

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

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
	State ▾		

Affiliate Partner Name 2	Partner Type 2	Key Contact 2	Key Contact Email 2
	State ▾		

Affiliate Partner Name 3	Partner Type 3	Key Contact 3	Key Contact Email 3
	State ▾		

Affiliate Partner Name 4	Partner Type 4	Key Contact 4	Key Contact Email 4
	State ▾		

Affiliate Partner Name 5	Partner Type 5	Key Contact 5	Key Contact Email 5
	State ▾		

Affiliate Partner Name 6	Partner Type 6	Key Contact 6	Key Contact Email 6
	State ▾		

Affiliate Partner Name 7	Partner Type 7	Key Contact 7	Key Contact Email 7
	State ▼		

Affiliate Partner Name 8	Partner Type 8	Key Contact 8	Key Contact Email 8
	State ▼		

Affiliate Partner Name 9	Partner Type 9	Key Contact 9	Key Contact Email 9
	State ▼		

Affiliate Partner Name 10	Partner Type 10	Key Contact 10	Key Contact Email 10
	State ▼		

Detail the roles of each affiliate partner identified above.

Word count **0** of **300**

Request Information

Request General Information

* **Submission Date**

6/26/2020

* **Project Title** ℹ️ ✓

Word count **0** of **100**

* **Total Request Amount** ℹ️   ***** **Grant Term (in months)** ℹ️   ***** **Will you accept a shorter term?**

12   Yes ▼

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

Yes ▼

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
- Select One - ▼				<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**

Work Fax

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"

Word count **0 of 300**

* 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"

Word count **0 of 300**

* 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"

Word count **0 of 300**

* **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%)

Word count **0 of 300**

* **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.*

Word count **0 of 300**

* **Provide a summary description of the proposed grant work.**
Appropriate for a media release or the general public to understand the work.

Word count **0 of 300**

* **What is the potential of the proposed work to positively impact student success, especially in schools with the greatest need?**

Word count **0 of 300**

* **Briefly describe, in what way would this investment in your affiliate expand your capacity to lead student-centered programs with union-led efforts.**

Word count **0 of 300**

* **Describe the capacity/readiness of your affiliate to implement your plan.**

Word count **0 of 300**

* **How does this grant program align with current NEA student-centered and professional support initiatives.**

Word count **0 of 300**

* **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.**

Word count **0 of 300**

* **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.**

Word count **0 of 300**

* **What is your overall strategy for leadership development and engagement of members, and/or non-member recruitment.**

Word count **0 of 300**

* **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)

Word count **0 of 300**

* **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*

[text area]

Word count **0 of 300**

* 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?

[text area] ✓

Word count **0 of 300**

* 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.

[text area] ✓

Word count **0 of 300**

* 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? ✓

[text area]

Word count **0 of 300**

* **Number of Teacher Leaders currently in the affiliate?**

[text field]

* **Geographical Area Served by the grant?**
Select the State or Country that is MOST impacted.

[- Select One - ▼]

* **What members (from the membership categories below) will be engaged? Please estimate as a percentage of the entire grant proposal.**

☐ Aspiring Educators   [0] %

☐ Active Professional   [0] %

☐ Higher Education   [0] %

☐ ESP   [0] %

☐ Retired   [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 (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
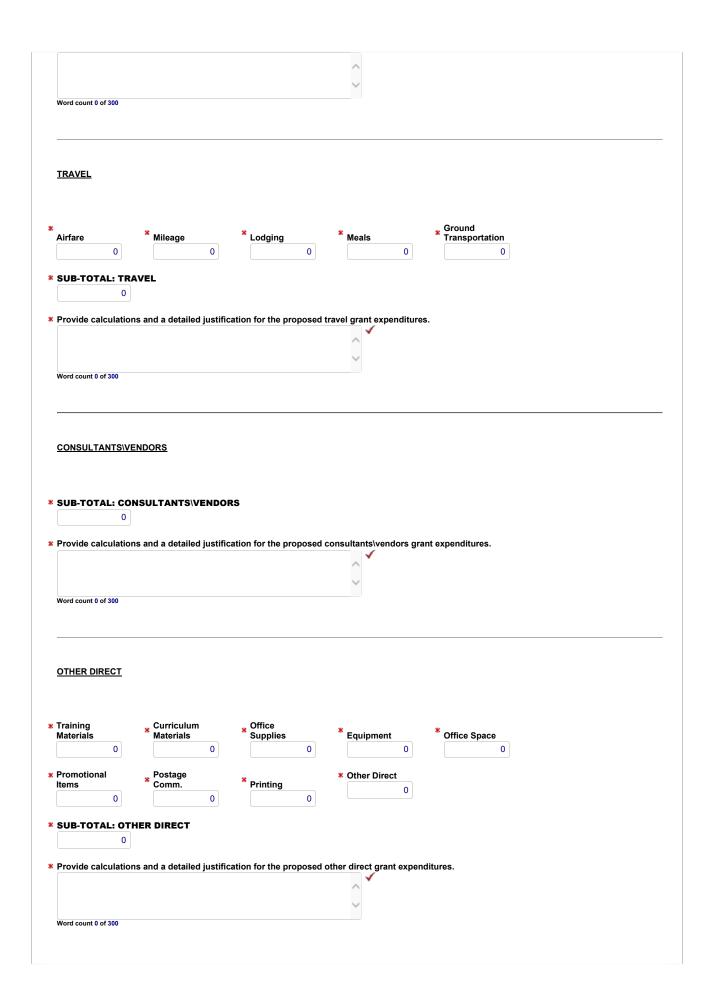
☐ Contract waivers and flexibility
☐ Cultural competancy/culturally responsive pedagogy
☐ Curriculum standards and/or development
☐ Distributive leadership
☐ Early career induction/orientation
☐ Educator evaluation/effectiveness
☐ English language learners
☐ ESP career growth continuum\growth models
☐ ESP early career orientation
☐ ESSA
☐ Gifted and talented
☐ Improving instruction/instructional strategies
☐ Instructional leaders
☐ LGBTQ/SOGI
☐ 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	**Non-Affiliate Partner Type 1**	**NA Key Contact 1**
	Government ☑	

Non-Affiliate Partner Name 2	**Non-Affiliate Partner Type 2**	**NA Key Contact 2**
	Government ☑	

Non-Affiliate Partner Name 3	**Non-Affiliate Partner Type 3**	**NA Key Contact 3**
	Government ☑	

Non-Affiliate Partner Name 4	**Non-Affiliate Partner Type 4**	**NA Key Contact 4**
	Government ☑	

Non-Affiliate Partner Name 5	**Non-Affiliate Partner Type 5**	**NA Key Contact 5**

| | Government ▾ | |

Non-Affiliate Partner Name 6 | **Non-Affiliate Partner Type 6** | **NA Key Contact 6**
| Government ▾ | |

Non-Affiliate Partner Name 7 | **Non-Affiliate Partner Type 7** | **NA Key Contact 7**
| Government ▾ | |

Non-Affiliate Partner Name 8 | **Non-Affiliate Partner Type 8** | **NA Key Contact 8**
| Government ▾ | |

Non-Affiliate Partner Name 9 | **Non-Affiliate Partner Type 9** | **NA Key Contact 9**
| Government ▾ | |

Non-Affiliate Partner Name 10 | **Non-Affiliate Partner Type 10** | **NA Key Contact 10**
| Government ▾ | |

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

Word count **0** of **300**

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.

<u>**PERSONNEL\STAFFING**</u>

* Salaries	* Benefits	* Paid Release Time	* Stipends	* Substitutes
0	0	0	0	0

* SUB-TOTAL: PERSONNEL\STAFFING

| 0 |

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

Word count **0** of **300**

TRAVEL

* Airfare	* Mileage	* Lodging	* Meals	* Ground Transportation
0	0	0	0	0

* **SUB-TOTAL: TRAVEL**

0

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

Word count **0** of **300**

CONSULTANTS\VENDORS

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

0

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

Word count **0** of **300**

OTHER DIRECT

* Training Materials	* Curriculum Materials	* Office Supplies	* Equipment	* Office Space
0	0	0	0	0

* Promotional Items	* Postage Comm.	* Printing	* Other Direct
0	0	0	0

* **SUB-TOTAL: OTHER DIRECT**

0

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

Word count **0** of **300**

Anticipated Non-Grant Revenue (YEAR 1)

* In-Kind　ℹ️　　*** Affiliates**　ℹ️　　*** Non-Affiliates**　ℹ️

| 0 | 0 | 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　　*** Benefits**　　*** Paid Release Time**　　*** Stipends**　　*** Substitutes**

| 0 | 0 | 0 | 0 | 0 |

* SUB-TOTAL: PERSONNEL\STAFFING

| 0 |

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

[   ] ✔

Word count **0** of **300**

TRAVEL

* Airfare　　*** Mileage**　　*** Lodging**　　*** Meals**　　*** Ground Transportation**

| 0 | 0 | 0 | 0 | 0 |

* SUB-TOTAL: TRAVEL

| 0 |

Provide calculations and a detailed justification for the proposed travel grant expenditures.

[   ] ✔

Word count **0** of **300**

CONSULTANTS\VENDORS

* SUB-TOTAL: CONSULTANTS\VENDORS

| 0 |

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

[   ] ✔

Word count **0 of 300**

OTHER DIRECT

* Training Materials	* Curriculum Materials	* Office Supplies	* Equipment	* Office Space
0	0	0	0	0

* Promotional Items	* Postage Comm.	* Printing	* Other Direct
0	0	0	0

* SUB-TOTAL: OTHER DIRECT

0

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

Word count **0 of 300**

Anticipated Non-Grant Revenue (YEAR 2)

* In-Kind	* Affiliates	* Non-Affiliates
0	0	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	* Benefits	* Paid Release Time	* Stipends	* Substitutes
0	0	0	0	0

* SUB-TOTAL: PERSONNEL\STAFFING

0

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

TRAVEL

*	*	*	*	*

Airfare	Mileage	Lodging	Meals	Ground Transportation
0	0	0	0	0

＊ SUB-TOTAL: TRAVEL

0

Provide calculations and a detailed justification for the proposed travel grant expenditures.

[text area] ✓

Word count **0** of **300**

CONSULTANTS\VENDORS

＊ SUB-TOTAL: CONSULTANTS\VENDORS

0

Provide calculations and a detailed justification for the proposed consultans\vendors grant expenditures.

[text area] ✓

Word count **0** of **300**

OTHER DIRECT

＊ Training Materials	＊ Curriculum Materials	＊ Office Supplies	＊ Equipment	＊ Office Space
0	0	0	0	0

＊ Promotional Items	＊ Postage Comm.	＊ Printing	＊ Other Direct
0	0	0	0

＊ SUB-TOTAL: OTHER DIRECT

0

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

[text area] ✓

Word count **0** of **300**

Anticipated Non-Grant Revenue (YEAR 3)

＊ In-Kind ℹ	＊ Affiliates ℹ	＊ Non-Affiliates ℹ
0	0	0

Anticipated Results

Results Summary

＊ Statement of Need ℹ

✓

Word count **0 of 300**

* **Grant Strategy** ℹ

Word count **0 of 300**

* **Evaluation Plan** ℹ

Word count **0 of 300**

* **Sustainability Plan** ℹ

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**

0

* **Of those members engaged, the anticipated # that takes part in other/additional union activities, programs, and/or events**

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**

Word count **0** of **300**

* Key Activities

Word count **0** of **300**

* Anticipated Outcome(s) and Measurement(s)

Word count **0** of **300**

* Timeline

Word count **0** of **300**

* Members \ Non Members Engaged (numbers and roles)

Word count **0** of **300**

* Affiliate Staff/Leadership Engagement (by role and purpose)

Word count **0** of **300**

* Potential Partners (by role and purpose)

Word count **0** of **300**

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)

Word count **0** of **300**

* 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)

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. Grantees will 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. 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.
9. A NEA liaison will be assigned to each awarded grant. The affiliate grant contact will respond promptly to communications from the NEA liaison.
10. 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.
11. 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.
12. 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.
13. NEA reserves the right to request that the grant lead(s) from your affiliate attend one or multiple convenings in a given year in order to network with similar/related grants to help scale/spread the work to other state and local affiliates of NEA, and share with/learn from each other.

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

Verify Name of Person Authorized to Agree to Grant Terms

Attachments

There are no files attached.

Save & Finish Later   Submit