



**PROJECT TITLE:**

**REGION:**

**CHAPTER:**

**PRESIDENT NAME:**

**ADDRESS:**

**PHONE:**

**EMAIL:**

**REGIONAL UNISERV STAFF:**

**OFFICE:**

**OTHER CTA STAFF INVOLVED:**

**AREA CTA BOARD MEMBER:**

**AREA NEA BOARD MEMBER:**

**NUMBER OF LOCAL MEMBERS FULL DUES EQUIVALENT (FDE):**

**AMOUNT OF CATEGORY I LOCAL CURRENT DUES:**

Grant money will be available to local associations for **new or supplemental** member engagement programs according to the program guidelines. This includes the requirement that **new** release time should be for a specific period of time in order to accomplish a specific objective. Requests to reimburse for any existing release time arrangements will not be approved.

1. Project Overview:

2. What are your Membership Engagement goals? (please describe the measurable outcomes of the project):

3. Describe the monitoring, evaluation, and effectiveness procedures for the project:

