



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:

