

any existing release time arrangements will not be approved.

## 20\_\_\_\_-20\_\_\_\_ PROJECT GRANT APPLICATION

PROJECT TITLE:	REGION: PRESIDENT NAME:		
CHAPTER:			
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 <b>new or supplemental</b> includes the requirement that new release time should be for a specific perio			

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:



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4. List the resources that will be required, including personnel, release time, and travel:

5. After implementation of the project, describe how your Membership Engagement will change:

6. What period of time (within this fiscal year) will this grant cover:

7. Additional Comments:

SIGNATURES:	
SUBMITTED BY: Regional UniServ Staff	DATE:
APPROVED BY:	DATE:

## EMAIL COMPLETED REQUEST FORM AND ALL PERTINENT INFORMATION TO REGIONAL MANAGEMENT