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| Name of State Association |
|  |
| Name and Title (Association Position) of Person Completing Application |

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|  |  | **Type of Request / Amount** | | |  |
|  |  | Basic Grant | $ |  | (Not to exceed $2,00 max) |
|  |  | Basic Grant Plus Matching Funds | $ |  | (Matching funds not to exceed $1,000 max) |
|  |  | Discretionary/Emergency Funds | $ |  | (TBD – No funding) |
|  |  | TOTAL AMOUNT OF REQUEST: | $ |  |  |

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| PLEASE COMPLETE | President | Treasurer | |
| Name: |  |  | |
| Phone (cell): |  |  | |
| Email: |  |  | |
| Address: |  |  | |
| City: |  |  | |
| State: |  |  | |
| Zip: |  |  | |
| Please identify where to send approved funds/check to: | | |  |

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| **Please complete the following narrative of the uses of these funds.** |

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| 1. Purpose of Request –Legislative goals and specific details as to how funds will be used. | |
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| 1. Work Plan and Timeline – Outline proposed plan and timeline to accomplish legislative goals:  * Do you plan to hire a lobbyist? Describe the process you will follow. * What fundraising is the association undertaking to fund this activity? * Do you have a PAC? Are PAC funds being used to support this effort? * How are you educating the membership about this activity? * What is history of the issue? Have you attempted legislation before? * Have you contacted other stakeholder organizations? Do you have a coalition? * Do you expect opposition? * Do you have a legislative sponsor? | |
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| 1. Budget – Attach a detailed budget, including an itemized projection of all sources of income and expenses. Include current balances in legislative account and PAC, and anticipated fundraising revenue. | |
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| 1. Please attach the following:  * List of members and contact information for your Governmental Affairs Committee. * Draft or final language for the proposed legislation, if available. | |
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| Name of person completing application |  | Date |