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| Name of State Association |
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| 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 |