

EOEA Affiliate Grant Application

Name of Local _____

Local Association Member Submitting Grant _____

Local Association Position _____

Mailing Address: _____

Home Phone (____) ____ - ____ School Phone (____) ____ - ____

Amount Requested: \$_____.

Please use the back of the application or a separate sheet of paper, if more room is needed.

Description of Program(s)/Project(s): _____

Rationale (How the program/project relates to one of OEA's Strategic Priorities: 1. Build locals' capacity to be more relevant to members. 2. Improve the image of educators. 3. Build OEA as a member resource for professional issues: _____

Projected Budget---Please give a cost breakdown of the expenses expected to be incurred in the completion of your project(s): _____

Program Start Date _____ Projected Completion Date _____

Local Treasurer's Name and Mailing Address: _____

Local President's Signature

Date

For Fall distribution the application must be received by October 1.

For Spring distribution the application must be received by March 1.

Mail to: Jack Boyd - EOEA, 5324 E Sheffield Cir., Zanesville OH 43701-7406