

Name of applicant:

Local Funding Application Information for Fall

APPLICATION MUST BE SUBMITTED BETWEEN 5/1 AND 6/30/2019

Date:

Your home email address:		
Your position in the local:		
Name of local association/group:		
Your UniServ Director:		Your Region #:
UNISERV OFFICE ADDRESS	Street:	
	City/zip:	
When did you take the Local Self-A	ssessment?	
	acity local are: Advocacy, Commu ong-Range Planning, New Membe	nications, Financial/Membership Systems, Governance, rs and Political Action.

What indicator will you be focusing on this year and why?

NOTE: FUNDING MUST BE USED BETWEEN 9/1/2019 AND 2/28/2020

How much funding are your requesting from BFCL?

What local/name should be on the check so it can be cashed?

Date the check is needed:

Have you requested funding in the past?

FORWARD THIS APPLICATION TO YOUR UNISERV DIRECTOR TO DATE APPROVE AND EMAIL TO CHANDRA MADAFFERI, MEA VICE PRESIDENT

UNISERV DIRECTOR APPROVED ON:



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What specific goal(s) have you set to increase local capacity in the indicator(s) you listed above?
Briefly describe the program or activity you have planned. (Examples: participating in community events; building a float for homecoming parade; meet & greet with members with appetizers provided to collect money for PAC; community picnic; member visits in building with pizza/pop lunch; training)
Is the above program/activity new for your group? YES NO How will you measure the success of the above program/activity?
In addition to the above program/activity, what else will you be doing this year to achieve the goal(s) you set?
What will be the date(s) of the program/activity above?
What is the total cost of the program/activity above?
Please list a breakdown of the costs of your event. Feel free to attach any supporting documentation as necessary: