

Date _____

Directorial District _____ Region # _____

**EMAIL, FAX, OR MAIL to CTA/ABC Member and
EMAIL, FAX, OR MAIL a copy to Regional Political
Organizer.**

Date of Election: _____

35-Day Deadline Date: _____

The completed application must be received no later that 35 days before the election. If application is received at the 50 day deadline, no Intent Form is needed. Contact you CTA/ABC Committee member for confirmation of receipt of Application. PLEASE TYPE or PRINT CLEARLY.

APPLICATION FOR CTA/ABC FUNDS: ISSUES **(Parcel Tax; Bond; Recall; School District Reorganization; Other Local Measure)**

PART I: Rationale

Please answer the following question concerning your Chapter's request for financial support. Use a separate sheet for each request.

Chapter Name: _____

Chapter Address: _____
(Street) (City) (Zip)

State reasons your chapter is requesting CTA/ABC funds: (Please attach any additional information pertinent to this application. **It is suggested a campaign budget be included.**): _____

PART II: The Issue

1. Issue/Measure Name: _____

2. Amount Requested from CTA/ABC: \$ _____ (See Page 2: Part IV, #7)

3. County of Election: _____

4. Campaign Name: _____

5. Campaign Address: _____

(Street) (City) (Zip)

6. Campaign FPPC ID#: * _____

7. Campaign Treasurer: _____ Phone: _____ Fax: _____

8. Has your chapter formally endorsed this issue?: _____

9. Assessment of present school board position on this ballot measure (check all that apply):

Favorable: _____ Opposed: _____ Divided: _____

10. List other individual/organization endorsements: _____

11. Has this issue been previously run within the past five (5) years? _____ If yes, election results: _____

***Applications may be submitted but funds cannot be released without this information.**

Over

12. All checks will be mailed to the Chapter address unless specified here: _____

PART III: The Campaign

- 1. How many registered voters eligible to vote in this election?:** _____
- 2. Number of Chapter members: _____
- 3. How is the Association actively involved in the campaign: Mailers: _____ Phone Banks _____
Media _____ Precinct Walking _____ Letter/Postcards Mailing _____ Other: (explain) _____
- 4. How many chapter members do you expect to volunteer to help on this campaign?: _____
- 5. Has a Political Consultant been employed by the Campaign? _____
- 6. If so, who?: _____

PART IV: Campaign Finances

- 1. What is the total anticipated budget for this campaign? \$ _____ Funding to Date: \$ _____
- 2. Does your Local association have a PAC? _____
- 3. How much will be contributed from the PAC for this election? \$ _____
- 4. Amount of money contributed to date by individual teachers: \$ _____ (Not including local PAC funds)
- 5. Total amount of anticipated individual teacher contributions: \$ _____ (Not including requested ABC funds)
- 6. Additional funding: \$ _____ Major Sources: _____
- 7. Amount requested from CTA/ABC: \$ _____
- 8. How will the CTA/ABC funds be utilized?: _____

PART V: General Information

- 1. Chapter President's Name: _____
(Please Print)
Phone Numbers: (O) _____ (H) _____ (C) _____
Home/Office Fax: _____ Home/Office E-Mail: _____
Chapter Authorized Contact Name: _____ Phone: _____
- 2. Primary CTA Contact Staff: _____ Phone: _____
- 3. CTA Board Member: _____
- 4. CTA/ABC Committee Member Name: _____

SIGNATURES: _____ Date: _____
(Chapter President)

_____ Date: _____
(CTA/ABC Committee Member)

** Ask your county clerk or registrar of voters.
07/19/07 Amended by CTA/ABC Committee
09/11/07 Approved by CTA Board of Directors