

Directorial District # _____

Date _____

Mail to: CTA/ABC Member for your District
For Information Call: (916) 325-1594

Date of Election _____

35-Day Deadline Date _____

This completed application must be received no later than 35 days before the election. Contact your ABC Committee member for confirmation of receipt of your 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 questions concerning your chapter's request for financial support. Use a separate sheet for each request. **This form is used for local school issues—parcel tax, bond, recall, school district reorganization.**

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 Pg 2: Part IV, #7)

3. County of Election: _____

4. Campaign Name: _____

5. Campaign Address: _____

6. Campaign 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 _____
Fair _____ Divided _____

10. List other individual/organization endorsements: _____

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

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

(Over)

PART III: The Campaign

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

* Applications may be submitted but funds cannot be released without this information.
** Ask your county clerk or registrar of voters.