



LRP GRANT APPLICATION

Date of Application: _____

Association Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No: _____ Fax No: _____

Email: _____

Best time to Contact: _____

Total No. of sworn in your agency: _____

Top step PO monthly salary: _____ Bottom step PO monthly salary: _____

Current Monthly Dues: _____

Ending date of your current contract: _____

Scheduled Negotiations start: _____

Have you used a professional negotiator at the table in the past? Yes No

Who do you intend to use for the next contract, if anyone? _____

How many of your association members are on the bargaining team? _____

What is their experience in negotiations? _____

Has anyone in your association attended PORAC's Collective Bargaining training or Association leadership training?

Yes No

Has anyone in your association attended similar training from other providers? Yes No

(if so please describe) _____