



# LRP GRANT APPLICATION

Date of Application: \_\_\_\_\_

Association Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email: \_\_\_\_\_ *\*Please only provide your Personal or Association email address. Per PORAC policy Department, City, County, State...etc. email addresses will not be accepted.*

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) \_\_\_\_\_