Defense Case No: Insert Defense Case #

**Defense Fund Grant Application**

**THIS IS THE ONLY DEFENSE FUND GRANT APPLICATION THAT WILL BE ACCEPTED. PLEASE DO NOT SUBMIT OUTDATED GRANT APPLICATIONS OR THE LOCAL/STATE FEDERATION GRANT APPLICATION.**

Date submitted: Click here to enter a date.

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| --- |
| Name of local: Local no.: Insert local #.  Local address: Insert local address.  Phone no.: Insert local’s phone number.  by official action has voted to apply for an AFT Defense Fund grant for the defense of:  Insert name of member(s) or local involved.  Is individual an AFT member? Yes No Date of membership: Click here to enter a date.  Has the case been reviewed and recommended by the local federation’s Defense Fund review committee?  Yes No  The state federation’s Defense Fund review committee?  Yes No  Are itemized fee statements attached to this application?  Yes No |

WE, THE UNDERSIGNED, CERTIFY THAT:

|  |
| --- |
| **Employer information:**  Name of employer: Insert name of employer.  Address: Insert employer’s address. |
| **State federation information:**  State federation address: Insert address of state federation.  Was the state federation sent a copy of this application? Yes No  If so, when? Click here to enter a date. |
| **Financial information:**  A. Estimated total cost of case: $ Insert amount.  B. Total cost of case to date: $ Insert amount.  C. Total cost of bills attached: $ Insert amount.  D. Total grant request for this application (AFT’s share): $ Insert amount.  E. Percentage to be paid by the local: Insert percentage amount.  F. Percentage to be paid by the state federation: Insert percentage amount.  G. Other contributions: $ Insert amount.   * Please list or specify sources of other contributions, if applicable: Insert.   H. Amount previously contributed by AFT Defense Fund. $ Insert amount.  I. Is this a final application for this case? Yes No  **PLEASE NOTE THAT GRANTS WILL NOT BE HONORED UNLESS ITEMIZED ATTORNEYS’ FEE STATEMENTS ARE ATTACHED TO EACH APPLICATION. IF THIS IS A CONTINUING GRANT APPLICATION, PLEASE DO NOT SUBMIT LEGAL BILLS THAT HAVE ALREADY BEEN APPROVED.** |

**Case Description**

**INSTRUCTIONS**: This information must be completed by the local attorney and attached to the application for a Defense Fund grant. The purpose of this description is to be able to identify the case legally, so that other local and state federations as well as attorneys can have the information to assist in the representation of AFT members.

1. Name of attorney: Insert attorney’s name.

Law firm: Insert law firm’s name.

Address: Insert law firm’s address.

2. Legal title of case: Insert here—e.g., John Doe v. School District

3. Court where case is pending (specific title): Insert here.

4. Legal issues presented: Describe legal issues presented—e.g., job security, tenure, due process, harassment, retaliation, etc.

5. Nature of case: Insert here. Please be specific enough legally so that other attorneys can identify the case and obtain enough information for review and citation purposes.

6. What projection, if any, is made for further legal action? Insert here.

We certify that the information contained in this grant application is true and accurate.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**President of Local**

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**President or Designated Officer of State Federation**

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chair, AFT Defense Committee**

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**AFT Special Counsel**