A black and white logo

AI-generated content may be incorrect.

**OEA Local Capacity Grant Application**

**Name of Person Making Request** **Name of Local**

Click here to enter text. Click here to enter text.

**Region** **1** **2** **3** **4**

**Your Position in Local**  **Email Address**

Click here to enter text. Click here to enter text.

**Phone Number** **Labor Relations Consultant**

Click here to enter text. Click here to enter text.

**Current Membership Count** **Activity Planned**

Click here to enter text. Click here to enter text.

**Target Date(s) of Activities** **Amount of Funding Requested**

Click here to enter text. Click here to enter text.

By signing this form, you acknowledge and agree to use any OEA funding solely and expressly for the purpose of covering the specific costs of the activities planned.

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Signature of Person Responsible for the Activity Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regional Director Signature Date