

## CTA Organizing Plan Local Site Visit Grant Reimbursement Form

LOCAL CHAPTER: \_\_\_\_\_

CHAPTER ADDRESS: \_\_\_\_\_

CHAPTER CITY: \_\_\_\_\_ CHAPTER ZIP CODE: \_\_\_\_\_

NAME OF PERSON SUBMITTING FORM: \_\_\_\_\_

ROLE IN LOCAL CHAPTER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

### Grant Report

**\*Your site visit plan and schedule must be attached to this form for reimbursement\***

How many leaders & site reps were involved in your site visit program? \_\_\_\_\_

How many members were reached during your site visit program? \_\_\_\_\_

How many members joined the union or participated in a union activity/event? \_\_\_\_\_

**Grant recipients will receive release time reimbursement for up to the equivalent of one day per actual worksite with a maximum of the equivalent of 20 release time days.**

**RELEASE TIME REIMBURSEMENT TOTAL:** \$ \_\_\_\_\_

**Note: District invoice(s) MUST be attached**

Release time reimbursement can be processed in one of two ways. If your chapter has already paid the district, we can reimburse your chapter (with proof of payment) OR we can pay the invoice directly to your district. **How would you like to be reimbursed?** (select one)

Reimburse our chapter

Pay invoice(s) directly to the district

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This completed form, release time invoices, proof of payment (if applicable), and site visit plan and schedule should be returned to your regional CTA headquarters office:

#### CTA Region I

1705 Murchison Dr.  
Burlingame, CA 94010

#### CTA Region II

4100 Truxel Rd.  
Sacramento, CA 95834

#### CTA Region III

11745 E. Telegraph Rd.  
Santa Fe Springs, CA 90670

#### CTA Region IV

1169 Mountain Ave.  
Norco, CA 92860

#### For internal use only

Regional Review:

Site visit plan & schedule attached: ☐

Aligns with approved application: ☐

Invoices attached: ☐

**GRANT #** \_\_\_\_\_

RM Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Account Code: \_\_\_\_\_