The NYSUT Mosaics of Sisterhood Grant was established in 2019 by the NYSUT Women’s Committee through a generous donation from retired Vice President, Catalina Fortino, to help our committee members who need resources for a specific short-term project, committee start up or professional learning opportunity to move the women’s agenda forward. The NYSUT Women’s Committee also put a limited amount of funds aside from its overall budget for this purpose. Total funds are limited. **There is a cap of up to $500 per request per year (fiscal year is September 1 – August 30).**

A subcommittee comprising active NYSUT Women’s Committee members from around the state will review submissions for the grant on a yearly basis. Women applying must be in-service or retired NYSUT members, and should be able to demonstrate:

- A personal commitment to the opportunity, learning or project
- An ability to contribute a reasonable amount of her own, her local or her region’s resources

Consideration will be given for grant applications involving projects, products or events that:

- incorporate women from diverse backgrounds (social, cultural, racial, ethnic and women of all abilities)
- incorporate building relationships and creating connections between intergenerational women
- create mentorship opportunities for union women
- create a tangible product or learning tool that has a lasting sustainable impact on multiple women

**The committee will be reimbursed with approved funds upon completion of the activity or project after all receipts and or invoices are received.** The committee will keep a legacy chart of recipients, the amount received and the purpose. Individuals or groups who have received funds in the past are eligible to apply the following year, but preference may be given to new applicants.

Please complete and forward all applications to NYSUT Executive Vice President, Jolene DiBrango, attention Davida Twitty. Please be as specific and detailed as possible. *

*Please allow 4 to 6 weeks for review and request processing

<table>
<thead>
<tr>
<th>Date of Application: ___________________</th>
<th>Date of Committee Recommendation: ___________________</th>
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<tr>
<td>NYSUT Member Name: ____________________</td>
<td>____________________</td>
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<td>Member or Local Address: ____________________</td>
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<td>Work: ____________________</td>
<td>Fax: ____________________</td>
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1. Please describe the reason you are requesting sisterhood funds:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. How will this initiative affect the members of your union and NYSUT?

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
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3. What partners or coalitions will you be working with on this project?

________________________________________________________________________
________________________________________________________________________
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4. Please list goals:

________________________________________________________________________
________________________________________________________________________
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5. Please list projected activities and costs:

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<tr>
<th>ACTIVITY</th>
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6. What resources, both financial and non-financial, are your local or region committing to this project?

7. Is your local participating in other NYSUT programs such as the Local Presidents Conference, Local Action Project (LAP) or NYSUT Leadership Conference? If yes, which:

8. Please attach the following information with your application:
   - Timeline
   - Itemized budget for uses of sisterhood funds

   At the end of the project, please forward a full report, including the attached recap and accounting form, to NYSUT Executive Vice President, Jolene DiBrango, attention Davida Twitty, NYSUT, 800 Troy-Schenectady Road, Latham, NY 12110
   Fax: (518) 213-6450

   **Purchasing Requirements:**
   Please remember when purchasing any approved products or materials for distribution within the guidelines of the Mosaics of Sisterhood Grant program, these items must be union made and/or made in the USA. Products and giveaways cannot exceed 15 percent of grant proceeds. Women’s Committee members or regional chapters will not be permitted to use grant funding for food or beverages.

Signature of NYSUT Women’s Committee Member: ___________________________  Date

Signature of NYSUT Executive Vice President: ___________________________  Date
# The NYSUT Mosaics of Sisterhood Grant Application

## Recap and Grant Accounting

*(Please Type or Print)*

<table>
<thead>
<tr>
<th>Program/Activity (Provide Brief Description)</th>
<th>Grant Proceeds Used</th>
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NYSUT Member Name: ________________________________

Local Name: ______________________________________

Date: _______________ Grant Amount $ ________________

Signature of NYSUT Women’s Committee Member: ____________________________

Date

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*Please send Recap and Grant Accounting form to Davida Twitty no later than six months after the receipt of sisterhood funds:*

Davida Twitty  
NYSUT Office of the Executive Vice President  
800 Troy-Schenectady Road  
Latham, NY 12110  
Fax: (518) 213-6450

*Any questions, please call: (800) 342-9810, ext. 6663 or email: Davida.Twitty@nysut.org*