



**MyREALTOR® Party
Issue Mobilization Funding Application Form**

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|--|------------------------------------|------|---------------------------------|--|-------|-----------------------------|
| I. Funds Requested By (Member Board or OAR Committee): | | | | Date Submitted: | | |
| | | | | | | |
| Name of Local President, AE, or EO: | | | | Signature of Local President, AE, or EO: | | |
| | | | | | | |
| II. Contact: | | | | III. Check Addressee | | |
| Contact Person/Title: | | | | Campaign Name / Bank Account: | | |
| | | | | | | |
| Contact Phone: | | | | Contact Phone: | | |
| | | | | | | |
| Street: | | | | Street | | |
| | | | | | | |
| City: | State: | Zip: | | City | State | Zip |
| | | | | | | |
| IV. Impact Assessment: | | | | | | |
| Impact: | <input type="checkbox"/> Statewide | | <input type="checkbox"/> Local | | | |
| Position: | <input type="checkbox"/> Support | | <input type="checkbox"/> Oppose | | | |
| Funds Requested: | \$ | | | | | |
| Local Contribution: | \$ | | | | | |
| V. Official Name of Proposal (Local Code, Ballot Measure, Other): | | | | | | |
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| VI. Describe the issue, how it originated and its current status: | | | | | | |
| | | | | | | |
| VII. Appraise the significance of the Issue as it relates to the real estate industry: | | | | | | |
| (Not Much) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 (Very) | | | | | | |
| VIII. Describe why you have rated the issue this level: | | | | | | |
| | | | | | | |
| IX. Assess the likelihood of the issue passing for failing: | | | | | | |
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| X. What is your proposed course of action: | | | | | | |
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| XI. What are the overall assessed costs of the campaign (entire campaign): | | | | | | |
| | | | | | | |
| XII. Are you the primary advocate: | | | | <input type="checkbox"/> YES | | <input type="checkbox"/> NO |
| | | | | | | |
| XIII. List Coalition Members: | | | | XIV. List Opposition Members: | | |
| 1. | | | | 1. | | |
| XV. Other (special instructions, timelines, etc.): | | | | | | |
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| Official Use Only: | | | |
|--|-------------------------------------|------------------------------------|-------|
| Action Taken, MyREALTOR PARTY Committee: | Approve <input type="checkbox"/> | Reject <input type="checkbox"/> | Date: |
| Action Taken, Exec. Committee or B.O.D.: | Approve <input type="checkbox"/> | Reject <input type="checkbox"/> | Date: |
| Funding Approved: | | Check Date | |
| Check Number | | Date Mailed/Delivered: | |