Local Board RIAC Request Form for Issues Funding

Please complete the request form with as much detail as possible. After the request form has been signed by all parties, submit the request (via mail, fax or email) to:

Georgia REALTORS® Fax: 770/458-6992

6065 Barfield Road, Ste. 200 Email: wdaane@garealtor.com
Atlanta, GA 30328 ATTN: Advocacy Outreach Manager

| Date Submitted: | | Name of Association: | |
|------------------------|---|---|-----------------------------------|
| Amount Requested: | | Date by when Decision is Needed: | |
| Association Executive: | | Telephone: | E-mail: |
| Board President: | | Telephone: | E-mail: |
| RPAC Chairperson: | | Telephone: | E-mail: |
| 1. | What is the issue and by what means will it be decided (e.g., county-wide referendum, City Council vote, etc.)? [Please provide available literature, news articles, websites, etc. regarding the issue.] | | |
| 2. | Briefly summarize the history of the issue (w | hen issue originated, governmental action | s, private sector actions, etc.) |
| 3. | What, specifically, is your end goal (e.g., pas | ssage/defeat of legislation, public awarene | ess campaign, etc.)? |
| 4. | Has your association taken an official positio | n on this issue (as approved by the local | Board of Directors)? If not, why? |
| 5. | Why is this issue important to REALTORS®? real estate industry (or related industries)? | What is the impact of the issue on REAL | TORS®, property owners and the |
| 6. | How has your association been involved with | n the issue to date (actions, funding, etc.)? | |
| 7. | Have your members been active in this issue | e and/or will you engage them? If so, how | ? |

| 8. | 8. List other organizations which agree with your position and/or have formed a coalition regarding this issue: | | | | | |
|--|---|--|---|--|--|--|
| 9. | List any groups/coalitions which oppose your position: | | | | | |
| 10. | . What is the current public opinion rega | arding the issue (e.g., polling, media e | ditorials, elected officials' positions, etc.)? | | | |
| 11. | 11. Will the RIAC funds (if approved) be directly forwarded to another organization? If so, list the complete name and mailing address of the organization (the check will be issued to this entity): | | | | | |
| | How will the funds be used by that org | anization? | | | | |
| 12. | . If not, what is the association's strateg | y/timetable/budget for utilizing the fun | ds? PROVIDE DETAILED INFORMATION. | | | |
| 13. Has the association consulted an attorney to verify the legality of such usage? If so, what was the attorney's response? | | | | | | |
| In submitting this application, the undersigned confirm that the information contained in this application is accurate to the best of their knowledge, and that they have read the accompanying "Compliance Guidelines for RIAC Issues Funding." | | | | | | |
| Sigr | nature of Local Board President S | signature of Local RPAC Chairperson | Signature of Local Association Executive | | | |
| RIA | AC check should be mailed to: | | | | | |
| FOI | PR GAR STAFF USE ONLY | | | | | |
| Da | ate Received: | Date Approved: | Amount Approved: | | | |
| Ch | neck #: | ssue Date: | Distribution Date: | | | |
| Ме | ethod: N | lotes: | | | | |