



**Literacy Coalition of Onondaga County
Request for Proposals
Literacy Champion Grants**

Date of Application _____

Organization Information

Name of Organization		Legal Name (If Different)	
Address		City	State Zip
Phone	Fax	Website Address	
Name of Contact	Title	Phone	Email
Executive Director	Title	Phone	Email

Proposal Information

A. Please provide a 3-4 sentence summary of your request:

- B. If awarded, our program will support school readiness and Imagination Library family literacy programming.
 - C. If awarded, I understand that I will need to complete the Literacy Champion Survey. (See award letter for link to survey)
 - D. Number of children estimated to become enrolled in Imagination Library during this program/project period. _____
 - E. Funds are being requested for:

<input type="checkbox"/> Program/Project Support	<input type="checkbox"/> Operating Support (up to 10% of request)
<input type="checkbox"/> Supplies/Equipment	<input type="checkbox"/> Other (please specify) _____
- Project Dates: _____ Fiscal Year End: _____

Budget

F. Dollar Amount Requested: \$ _____

Total Annual Program Budget (copy attached): \$ _____

Total Annual Organization Budget (copy attached): \$ _____

Authorization

G. Name of the board chair, president, or presiding officer:

Signature: _____ Date: _____