



# Literacy Coalition of Madison County NY

"If you teach a man to read, he shall be forever free"

Frederick Douglass

## LITERACY GRANT APPLICATION

The Literacy Coalition of Madison County supports small investments in projects that identify and address various literacy needs (e.g. health literacy, fiscal literacy, workforce development, family literacy, and summer learning) in Madison County.

*Applications are due by June 30, 2018. You will receive a response within one month of submission. Please email one copy of the completed application to [dnashton@midyork.org](mailto:dnashton@midyork.org).*

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### ORGANIZATIONAL INFORMATION

*organization name* \_\_\_\_\_

*address* \_\_\_\_\_

*contact person* \_\_\_\_\_

*position* \_\_\_\_\_

*telephone* \_\_\_\_\_

*email* \_\_\_\_\_

*general description of the organization and its mission*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*project name for which funding is being sought*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*total project cost* \_\_\_\_\_ *amount requested (max request \$2,500)\** \_\_\_\_\_

*project start date* \_\_\_\_\_ *project end date* \_\_\_\_\_

\_\_\_\_\_  
*name of Executive Director/Authorized Signer (please print & date)*

\_\_\_\_\_  
*signature of Executive Director/Authorized Signer (please sign & date)*

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# PROJECT DESCRIPTION

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**1) Briefly describe the project, its goals & the timeline.**

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**2) Briefly describe the need your project is addressing.**

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**3) Please provide a detailed explanation of the primary activities.**

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**4) Provide a brief explanation of the project's expected impact and how it will be evaluated. Where applicable, include outputs (e.g. what will happen) and outcomes (e.g. what will change as a result).**

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**5) Describe plans for continuing support of the project, if applicable.**

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## PROPOSED PROJECT BUDGET

Please complete the following budget table, and include all sources of income for the proposed project.

Expense Item Description should be detailed e.g. Printing = 10,000 copies @ \$.03/copy = \$300

\* include in-kind contributions.

Expense Item Description	Support from Your Agency	+	Support from Other Funders	+	Requested from LCMC	=	Total Budgeted Expenses
		+		+		=	
		+		+		=	
		+		+		=	
		+		+		=	
		+		+		=	
		+		+		=	
		+		+		=	
		+		+		=	
		+		+		=	
		+		+		=	
<b>Total</b>		+		+		=	<b>Project Total</b>