Date of application

Literacy Coalition of Onondaga County
Request for Proposals
Literacy Champion Grants

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

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

Funds are being requested for:

☐ Program/project support
☐ Operating support (up to 10 % of request)
☐ Supplies/equipment
☐ Other (please specify)_____

Project dates:_____ Fiscal year end:_____

Budget

Dollar amount requested: $_____
Total annual organization budget (copy attached) $_____
Total program or project budget (copy attached) $_____

Authorization

Name of the board chair, president, or presiding officer:_____

Signature:_____ Date:_____