

Believe in Reading Grant Application Form

Organization Information

Organization Name _____

Organization Address _____

City _____

State/Province _____ Zip Code _____

Contact Person

Name _____

Address _____

Email _____ Telephone _____

Amount of Funding Requested

Funding per Year _____ Number of Years (3 Years Maximum) _____

Itemize how the funds will be spent _____

Project Information

Description of Project to be Funded

When will the project begin and what is your Timeline? _____

What measurable outcomes do you expect if your program is successful?

What is your projected cost per person served? _____

What is your track record? _____

How will you share your program with the world? _____

Other

Organization Director _____

Program Director _____

Board Member _____

Optional Additional Information

Please return form to:

Believe in Reading

34194 Aurora Road #306

Solon, OH 44139-3803