



Literacy Grant Application

I. Applicant Organization			
Organization		Federal Employer ID # (FEIN)	
Primary Contact Person		Title	
Address	City	Zip	
	County	Telephone	
Email Address		Facsimile	
<p>Tax Status (Eligible organizations are tax exempt 501(c)(3) organizations, units/agencies of local, state or federal government and public schools):</p> <p> <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> Unit of Government <input type="checkbox"/> Public Agency (Government Created) <input type="checkbox"/> Public school/Higher Education Institution <input type="checkbox"/> *Other (describe): <i>*Ineligible organization, requires eligible fiscal agent</i> </p>			
If Project Contact person is different from above, please provide that information.			
Project Contact Person		Title	
Organization			
Address	City	Zip	
	County	Telephone	
Email Address		Facsimile	





II. Fiscal Agent (if applicable)			
Organization		Federal Tax ID # (FEIN)	
Primary Contact Person		Title	
Address	City		Zip
	County		Telephone
Email Address			Facsimile
Tax Status (Eligible organizations are tax exempt 501(c)(3) organizations and units/agencies of local, state or federal government.)			
<input type="checkbox"/> 501(c)(3)		<input type="checkbox"/> Unit of Government	
<input type="checkbox"/> Public school/Higher Education Institution		<input type="checkbox"/> Public Agency (Government Created)	

III. Project Description	
Project Beginning Date	Project End Date
Project Title	
Provide a 1-2 sentence summary of your project including overall project description, key activity and outcome:	
Total # of books requested:	





IV. Project Basics

SMIF Counties served:

- | | | | | |
|---|-----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Blue Earth | <input type="checkbox"/> Fillmore | <input type="checkbox"/> Le Sueur | <input type="checkbox"/> Olmsted | <input type="checkbox"/> Wabasha |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Freeborn | <input type="checkbox"/> Martin | <input type="checkbox"/> Rice | <input type="checkbox"/> Waseca |
| <input type="checkbox"/> Dodge | <input type="checkbox"/> Goodhue | <input type="checkbox"/> Mower | <input type="checkbox"/> Sibley | <input type="checkbox"/> Watonwan |
| <input type="checkbox"/> Faribault | <input type="checkbox"/> Houston | <input type="checkbox"/> Nicollet | <input type="checkbox"/> Steele | <input type="checkbox"/> Winona |
| <input type="checkbox"/> All of the Above | | | | |

V. Narrative (Please limit to 2 pages)

ORGANIZATION INFORMATION

1. Brief summary of organization history, including the date your organization was established





2. Brief summary of organization mission and goals

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ÁÁÁÁ. Brief description of organization’s current programs, activities, strengths and
ÁÁÁÁ accomplishments.





GRANT DETAILS

1. How will you integrate the books into your project?

2. What strategies will you use to engage parents in your project?





EVALUATION

1. Estimate how many children, birth to five, will be impacted by this project.
2. What percentage of the impacted children are considered at risk (i.e. Free/reduced numbers, ECSE, WIC, CCAP, ELL): %
3. Estimate how many parents and/or caregivers will be impacted by this project.

VI. Application Submittal

I have read thoroughly and comply with the Literacy Grant Program Guidelines. To the best of my knowledge, all information provided in this application is true and correct.

Authorized Signature

Date

Print Name

Title

