

READ FOR LIFE



GRANT APPLICATION

Requested By: _____
Name of Organization

Read for Life
P.O. Box 3342
Visalia, CA 93278-3342
APPLICATION FOR SUPPORT

Name of Organization: _____

Address: _____ City/State/Zip: _____

Authorized Contact Person: _____

Title: _____ Telephone _____ Fax _____

Mission/Purpose of Organization (objectives, past accomplishments, future goals, long-range plans): _____

Year Founded: _____ Total Current Operating Budget: _____

Primary source of budgeted funds: _____

Incorporated as Non-Profit: Yes ___ No ___ if yes, date incorporated: _____

Tax Exempt under IRC 501(c) (3)? Yes ___ No ___ Federal Tax ID # _____

Has organization requested support from **Read for Life** in the past? _____

When? _____ Was support received? Yes _____ No _____

What is your current support request and how will it be used? (You may attach a single page to this application describe your project and the constituency it serves):

Estimated project timeline (start and completion dates): _____

Source of other funds used for program: _____

How many persons do you estimate will benefit from this grant? _____

What will be the expected duration of effect from the grant? _____

Without **Read for Life** support, does your project go forward? Yes _____ No _____

What are the criteria by which you will measure the success of the project? _____

When will you know the results of your project? _____

How will you report your results to **Read for Life**? _____

Will there be public acknowledgment of **Read for Life** support and if so, in what form?

What percentage of the project will be devoted to overhead? _____

Please briefly describe the administrative operation of your organization and list your board of directors, below:

Board of Directors	Name	Years on Board	Occupation
Chair			
Vice-Chair			
Treasurer			
Secretary			
Board Member			
Board Member			
Board Member			

Are accounts audited by: A CPA _____ An auditing committee of the Board _____ Other _____

Specify: _____

I certify that the aforementioned and enclosed information is complete and accurate: (To be signed by the Chair of the Board, or other Board Member)

Signature: _____ Title: _____ Date: _____