



## Matching Grant Cover Form 2019 – 2020

Name of Organization: _____ Street Address: _____ City, State & Zip Code: _____ Contact Name and Title: _____ Office Ph: _____ Fax #: _____ Email: _____
Name of Partner Organization: _____ Street Address: _____ City, State & Zip Code: _____ Contact Name and Title: _____ Office Ph: _____ Fax #: _____ Email: _____

Amount requested: *Please check only one. Note all accepted grants are 2-year grants.\**

**Capacity-building Collaborative Grant** \$5,000/yr \_\_\_\_\_

**Competitive Demonstration Grant** \$7,500/yr \_\_\_\_\_ \$12,500/yr \_\_\_\_\_

*(Grant award sizes vary according to number of students receiving literacy instruction. See application guidelines for funding requirements and program eligibility. If you are not sure which grant amount your program can apply for, please call the VLF at 804-237-8909.)*

1. Your organization's _____ (name) total* annual operating budget: <i>*If your program operates within a larger entity, provide the specific budget for the literacy program within the organizational budget.</i>	\$ _____ *\$ _____
2. Number of students from partner programs who received at least 12 hours of instruction during the last full fiscal year.	# _____
3. Number of tutor/group instructional hours during the last full fiscal year.	# _____
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2. Number of students from partner programs who received at least 12 hours of instruction during the last full fiscal year.	# _____
3. Number of tutor/group instructional hours during the last full fiscal year.	# _____

**Project for which grant funds are requested or improvements in existing services and staff duties:**

***(CHECK ONE CATEGORY.)***

- |                                                                                                               |                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Improve capacity-building (student/volunteer services, program reach and visibility) | <input type="checkbox"/> Fund staff position integral to project                                                      |
| <input type="checkbox"/> Improve regional/community service delivery                                          | <input type="checkbox"/> Strengthen community outreach/marketing of combined partner services                         |
| <input type="checkbox"/> Improve outcomes of student instruction (ABE/GED/workforce/family literacy)          | <input type="checkbox"/> Strengthen adult instructional component of family literacy services                         |
| <input type="checkbox"/> Demonstrate best-practices in (any of the above)                                     | <input type="checkbox"/> Collaborate with area businesses to provide workforce instruction at the place of employment |
| <input type="checkbox"/> Other-Specify below                                                                  |                                                                                                                       |
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**Compliance Agreement:**

I, on behalf of, \_\_\_\_\_ organization do assure that services or benefits to students in connection with the literacy program funded through the Virginia Literacy Foundation will not be denied to any individual on the basis of race, sex, religion, or national origin. On behalf of our organization, I also agree that, if selected to receive a grant, our organization will abide by the terms of a letter of agreement that must be signed and returned to the Virginia Literacy Foundation. We also agree to provide reports as described in the letter of agreement.

Signature of applicant preparer: \_\_\_\_\_  
(Fiscal Agent)

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Signature of partner applicant: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_