

CanWest



# Family Literacy Funding Application

Send this form and attachments to:

Grants Committee  
401 - 321 McDermot Avenue  
Winnipeg, MB R3A 0A3  
literacy@mts.net  
Fax: (204) 956-9315

**A donation from the CanWest Global Foundation to Literacy Partners of Manitoba (LPM) is now available to support member programs. To apply for funding to a maximum of \$1500, please complete and submit the following application form and attachments by January 31. We put a priority on community-based programs with limited outside sources of support and who are LPM members.**

Organization name: \_\_\_\_\_

Project name: \_\_\_\_\_

Contact person and title: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Is your program not-for-profit? Yes No

Is someone from your program/project currently a member of Literacy Partners of Manitoba?  
Yes No Name: \_\_\_\_\_

Has the program requesting funding worked with families (adults and children) in the **past 12 months**?  
Yes No

If yes, how many families? \_\_\_\_\_ How many children? \_\_\_\_\_ Age range of the children? \_\_\_\_\_

How many years has the program been in operation? \_\_\_\_\_

Number of **hours per week** the program runs? \_\_\_\_\_ Number of **weeks per year**? \_\_\_\_\_

What are your **plans** for family literacy in the coming year? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is the **amount** you are requesting in the attached sheet? \$ \_\_\_\_\_

**Please attach the following information on no more than two pages.**

1. The **goals** of the project requesting funding.
2. The **activities** it will support and/or **materials** you need.
3. A **budget** relating to your plans for this money.
4. An explanation of how the money will improve **family literacy**
5. An explanation of how you plan to **recognize the donation**.

**Application deadline is January 31.**

