



*Ottawa County Community Foundation*

**Jack and Judy Schiller Dyslexia Fund**

**PURPOSE:**

The Jack and Judy Schiller Dyslexia Fund provides support to projects and services that will lead to identification and remediation efforts benefitting students with dyslexia in Ottawa County.

**QUALIFICATIONS FOR ELIGIBILITY:**

1. Grants are awarded only to non-profit, charitable organizations designated as having tax-exempt status under section 501(c)3 of the Internal Revenue Service code.
2. The purpose of the grant must address the field of dyslexia or reading disabilities.

**HOW TO APPLY:**

1. Complete the two-page grant application below. Please submit extra pages if necessary.
2. Mail two copies of this application to: Ottawa County Community Foundation, P.O. Box 36, Port Clinton, OH 43452. Please attach a copy of your IRS determination letter. Do not bind or staple the application. Please call Mary Coffee, 419.341.7400, with questions.

---

**Grant Application**

Organization's Name:

Organization's Address:

Project Title:

Amount Requested:

Total Project Budget:

Project Begin Date and End Date:

Brief description of your project including proposed use of Foundation funds:

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Purpose and need:** What are the goals and objectives of your project/program? What is the need that will be addressed? Who will benefit from the project/program?

**Implementation:** Summarize your plans to implement the project/program. Who will be responsible for overseeing the program?

**Evaluation:** How will you evaluate the success of your proposed program/project?

**Future support:** How will you sustain the program once OCCF funds are expended?

**Budget:** What are the projected income and expenses for your project/program? What are all sources of project/program funding? What are the start and end dates for which OCCF funds are being requested?

I hereby certify that the information provided on this application is true and correct. I agree, if requested, to provide the Ottawa County Community Foundation with any additional information needed to determine our qualifications for this grant. I agree to furnish a final report at the end of our grant period, or no later than 12 months after the grant is received. Also, I give my permission to Ottawa County Community Foundation, Inc. to release any pertinent information for publicity purposes.

---

Authorized Representative of Organization

Title

Date