



**Lottery Box of Giving
Request for Funding**

Name: _____

Phone Number: _____

Email address: _____

Affiliation (school or other organization): _____

Funding request (estimated \$ amount of value): _____

Purpose of Literacy Request:

How will you measure results?

What is your projected outcome?

Number of Students impacted: _____

Age range of Students: from _____ **years to** _____ **years**

Number of Teachers/Administrators using materials: _____

Date funds needed: _____

Have you received previous funding from The Open Book Project? YES NO

If YES, when and brief results? _____

Have you received funds from other organizations related to this request? YES NO

If YES, when and brief results? _____

How did you hear about The Open Book Project Lottery of Giving?

Will accept partial funding: YES NO

Signature: _____

Date: _____

Name: _____

___ I acknowledge if I am selected to receive funding that I am responsible for providing the results/outcomes of the funding utilization within one year of receipt.

*** All request must be completed signed, dated and emailed to theopenbookprojectsc@gmail.com

For Office Use Only:

Received Date: _____

Approved Date: _____

Rejected Date: _____

Reason for Rejection (if applicable):

Allocation Date: _____ *Total Allocation Amount:* \$ _____