

Direct questions regarding this form  
 to (517) 373-8483.

**AUTHORITY:** P.L. 107-110  
**COMPLETION:** Voluntary. (Consideration for  
 funding will not be possible if form is not filed.)

**COMPETITIVE GRANT APPLICATION FOR 2009-2010  
 WILLIAM F. GOODLING EVEN START FAMILY LITERACY PROGRAM**

<b>APPLICANT ORGANIZATION</b>	Legal Name of Applicant	Federal ID Number	Telephone
	Address	City	Zip Code

<b>CONTACT PERSON</b>	Name of Contact Person	Telephone	Fax Number
	Address	City	Zip Code
	County	Email Address	

<b>CO-APPLICANT</b>	Legal Name of Agency/District	Telephone
	Name of Contact Person	Email Address

<b>LOCAL EVALUATOR</b>	Name of Contact Person	Telephone	Email Address
	Address	City	Zip Code

**I. GRANT CATEGORY**

a. This project is in its \_\_\_\_\_ year of funding.

<b>Federal Even Start Funds Requested:</b> \$ _____
--

**II. GEOGRAPHIC DESIGNATION**

- a. URBAN - Majority of families expected to participate reside in a Metropolitan Area as designated by the Bureau of Census
- b. RURAL - Majority of families expected to participate reside outside of a Metropolitan Area

**III. DATE MEETING WAS HELD**

- a. Fiscal Agent: \_\_\_\_\_
- b. Partnering Agency: \_\_\_\_\_

**WILLIAM F. GOODLING EVEN START FAMILY LITERACY PROGRAM  
PARTNER INFORMATION  
FY 2009-2010**

**LEGAL NAME OF AGENCY/DISTRICT** \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE INFORMATION**

Legal Name of Partner Agency			
Name of Authorized Representative			
Authorized Representative Email Address			
Title of Authorized Representative			
Mailing Address			
City	State	Zip Code	Telephone

**CONTACT PERSON INFORMATION**

Name of Contact Person			
Contact Person Email Address			
Title of Contact Person			
Mailing Address			
City	State	Zip Code	Telephone

**LOCAL EVALUATOR INFORMATION**

Name of Contact Person			
Contact Person Email Address			
Mailing Address			
City	State	Zip Code	Telephone

# WILLIAM F. GOODLING EVEN START FAMILY LITERACY PROGRAM

1.

● CFDA NUMBER: \_\_\_\_\_

LEGAL NAME OF APPLICANT					
DISTRICT/RECIPIENT CODE	GRANT NUMBER	PROJECT NUMBER	PROJECT TYPE <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Local Contribution	ENDING DATE	FY of Approved

**BUDGET:**

**OBJECTS:**

FUNCTION CODE	FUNCTION TITLE	SALARIES 1000	BENEFITS 2000	PURCHASED SERVICES 3000, 4000	SUPPLIES & MATERIALS 5000	CAPITAL OUTLAY 6000	OTHER EXPENSES 7000, 8000	<u>TOTAL</u>
110	Basic Programs							
120	Added Needs							
130	Adult Continuing Education							
210	Support Services - Pupil							
220	Support Services - Instructional Staff							
230	Support Services - General Administration							
240	Support Services - School Administration							
250	Support Services - Business							
260	Operation and Maintenance of Plant							
270	Pupil Transportation Services							
280	Support Services - Central							
290	Support Services - Other							
310	Community Services - Direction							
330	Community Activities							
340	Public Library							
350	Custody and Care of Children							
360	Welfare Activities							
370	Non-Public School Pupils							
390	Other Community Services							
410	Payments to Other Public Schools							
440	Payment to Other Government Entities							
	SUBTOTALS (sum of ALL lines above)							

DATE	BUSINESS OFFICE REPRESENTATIVE	<b>FUNDING</b>	Regular	A
			Local Contribution	B
			<b>TOTAL EXPENDITURES</b>	C

DATE	PROJECT CONTACT PERSON
	<b>RENEE DEMARS-JOHNSON OR CHERYL HALL</b>
	M.D.E. CONTACT PERSON

● MDE certifies the application is complete and meets the program requirements set forth in statute.