

**Colorado Family Literacy Act
Family Literacy Education Fund Grant Program
(CRS 22-2-124)
FY 2008-09 Cover Sheet**

Applicant (PLEASE TYPE OR PRINT)

Program: _____

Mailing Address: _____

City: _____ Zip: _____

Program Director: _____ Phone: _____

Fax: _____ E-mail: _____

Authorized Representative: _____

Signature of Authorized Representative

To be completed by applicant:

Amount requested	\$
Projected number of families to be served	
Projected number of adults to be served	
Projected number of K-12 children to be served	
Estimated start date of program services	