



# Proposal Information Cover Form

Please submit this information cover form with your Planning Grant Proposal (if requesting) and Implementation Grant Proposal to [reading@lei.org](mailto:reading@lei.org).

**Organization Requesting Funds:**  
(College, University or Foundation)

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**President of College or University:**

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Project Director / Contact Person:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Dean / Education Department Chair:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please include the following proposal information to assist Lilly Endowment in the review process.

**Included in this submission is:**

- Planning Grant Proposal
- Implementation Grant Proposal

**Requested Amount:** \_\_\_\_\_

**If Implementation Grant, Proposed Grant Period:** \_\_\_\_\_