The Jake Maxfield Connection

166 Oak Street Newport, NH 03773 thejmc@jakemaxfield.org Scholarship-Literacy-Community

Request for Resources or Funding

Date:/				
Organization Name:				
Address:				
City:	State:	Zip:		
Contact Name:				
Contact Title:				
Contact Email:				
Contact Phone:				
Description of services provid	ed and community s	erved:		
		 		
Name and Description of Ever				
Name and Description of Even	it of Activity:			
			<u> </u>	
				
		 		
Date of Activity://	_through//_			
Anticipated Number of Partici	pants/students/chil	dren/families b	enefitting fro	m donation:

Details of Request: Our organization is requesting: (check all that apply) New Books-Please provide number of books and reading levels most needed. (Use DRA and or Fountas/Pinnell leveling system whenever possible.) New and/or Gently Used Books. Please provide number of books and reading levels most needed. (Use DRA and or Fountas/Pinnell leveling system whenever possible.) _____Funding for Books/Literacy Materials _____Total Amount Requesting Please provide a basic budget for requested amount: The JMC believes strongly in our mission to "Pass it on-Pay it forward and Make a Connection". If selected to receive funding or materials from the JMC, how might your organization pay it forward to others in some small way?