Senate Democrat FY 01 Member Project Authorization Form

Please	complete for	each project
C		P. OJECI

Sponsorship Information

e Sponsor(s):		
	District #:	13
HB 4437 Article #:	\$25.000	
[Oppmed]	75 Section #: 12.	57
	HB 4437 Article #:	### Schalor Obama District #: \$25.000

Recipient Information

Name of Grantee: Bl		argoyle			
Grantee's Address:	5655 S. University				
CI	hicago	Illinois	60637	Cook	
Contact Person for Grantee: Title of Contact Person: Contact Person's Phone #:		Capers C. Funny	Zip Code	County	
		Executive Direct	or		
		773/95	5-4108 Fax #:		773/363-7086
slativo I					(If Available)

Legislative Intent

Purpose of Grant (brief description)

Funds from this grant will be used for the Literacy and Counseling Services project.

Authorization

Caucus Authorization

	Laura		
Name)	Chief of Staff Title	August 9, 2000
	\mathcal{J}		Date