

# Roads to Reading Initiative

## 2010 Annual In-Kind Book Competitive Grant Application

Applications must be typewritten. Handwritten applications will not be accepted.

### Contact Information

Name/Title of Contact for Application: \_\_\_\_\_

Name of Organization \_\_\_\_\_ Date: \_\_\_\_\_

**If you are an agency that has multiple locations you must complete an application for each location. Blanket donations to lead agencies will not be made. If you need an explanation, please e-mail us)**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Organizational Information

Total Organizational Budget (parent company or organization): \$ \_\_\_\_\_

What is your program budget for 2009-2010? \$ \_\_\_\_\_

For 2009-2010, what was your budget for books? \$ \_\_\_\_\_

**This information must be provided, even if your organization is exempt from organization budget limits.**

Approximately how many books do you have for your program? \_\_\_\_\_

What is the average age of your book collection? \_\_\_\_\_

**This question is for schools and libraries**

Number of Paid Staff: \_\_\_\_\_ F/T \_\_\_\_\_ P/T Number of Volunteers \_\_\_\_\_

Number of people served by the program you are applying for, not the total number your organization serves

2009 Actual \_\_\_\_\_ 2010 Estimated \_\_\_\_\_

IRS Tax Exempt Status (check one) \_\_\_\_\_ Exempt \_\_\_\_\_ Nonexempt

Reference Number \_\_\_\_\_ (Please attach copy)

**A copy of your STATE TAX USE CERTIFICATE is not an acceptable form of proving non-profit status.**

# Program Evaluation Questionnaire

- 1) What is the primary focus of your program? \_\_\_\_\_
- 2) How many children does your program serve? \_\_\_\_\_
- 3) What percentage of children in your program are: \_\_\_\_\_ White (Non-Hispanic) \_\_\_\_\_ Hispanic  
\_\_\_\_\_ African American \_\_\_\_\_ Asian American \_\_\_\_\_ Native American  
\_\_\_\_\_ Pacific Islanders **(We need this information for tracking purposes; we do not make awards based on the information given.)**
- 4) What are the ages and grades levels of the children you serve? \_\_\_\_\_
- 5) What percentages of parents, primary caregivers, adult mentors, or tutors are involved in the reading literacy portion of your program? \_\_\_\_\_
- 6) Do you currently receive books from other book distribution organizations (i.e. Reading Is Fundamental, Reach Out and Read, First Book, etc.) If so, how many books did your program receive and what time period did the donation cover, and from whom and when did you last receive books? \_\_\_\_\_  
\_\_\_\_\_
- 7) Briefly describe your specific plans for using the books in your program and the ages of the children you are requesting books for? \_\_\_\_\_  
\_\_\_\_\_
- 
- 8) How do you use the books that you have available to your organization? \_\_\_\_\_  
\_\_\_\_\_
- 9) Please list the source of funds that support your program (i.e. State, Local or Federal funds, the United Way, corporate sponsors, foundation support) Provide names Funders and the amounts of grants or dollar amount of in-kind donations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 10) Please attached the following documents: **Questions 2 through 4, please limit to 2 pages.**
1. List of your organization’s Board of Directors and/or management staff/leadership team
  2. Describe your organization
  3. Detailed description of your program’s remedial component
  4. What problem do you hope to resolve with the book donation
    - A. What are the expected tangible outcomes of your program?
    - B. What are the remedial components of the program? **(Please provide details)**

ALL QUESTIONS MUST BE ANSWERED