



# First Book Grant Application

## Section I. Contact Information

Date: \_\_\_\_\_

Name of Organization/Program \_\_\_\_\_

Contact Name Mr. / Ms. \_\_\_\_\_

Contact Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

Shipping Address for UPS deliveries (No PO Boxes) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail (required) \_\_\_\_\_

Do you have Internet access? Yes / No

Please send completed application to your First Book Advisory Board for approval:

First Book - \_\_\_\_\_

c/o \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

If you do not know the contact information for your local First Book representatives, please contact First Book at (202) 393-1222 or [staff@firstbook.org](mailto:staff@firstbook.org).

If you would like to receive this grant application in Microsoft® Word format so that you can type your responses, please contact First Book or your Advisory Board. If answering questions on separate sheets of paper, please make sure your answers are in the same order as on the application.

**Section II. Program Information**

1. Please briefly describe the history of your organization/program.

2. What most accurately describes your program? (Select all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> After school     | <input type="checkbox"/> Preschool/Early Education     |
| <input type="checkbox"/> Child Care       | <input type="checkbox"/> School-based                  |
| <input type="checkbox"/> Community Center | <input type="checkbox"/> Shelter                       |
| <input type="checkbox"/> Health Services  | <input type="checkbox"/> Tutoring/Mentoring            |
| <input type="checkbox"/> Home visits      | <input type="checkbox"/> Other <i>Please describe:</i> |
| <input type="checkbox"/> Library          | _____  |
| <input type="checkbox"/> Parent Education |  |

3. Please attach a list of your organization's Board of Directors or key staff members.

**Applicants are not required to answer the following two questions, but the information is helpful to improve First Book's service to programs like yours.**

4. What percentage of children in your program are:

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Multi-racial                              |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> Other: _____                              |

5. Do you have use for bilingual books or books written in languages other than English?

No     Yes *Please note the languages:* \_\_\_\_\_

How many children in your program would use books in these languages? \_\_\_\_\_

**Section III. A central component of First Book's mission is to improve the quality of preschool and after-school educational opportunities. For that reason, organizations applying for books from First Book are required to incorporate reading as a part of their program activities.**

1. Please describe the literacy component of your program (how you incorporate reading and books into your program's daily schedule).

2. How do you plan to integrate First Book books into your program activities? (Select as many as apply.)

- Design a curriculum unit around the books
- Hold "storytimes" (reading books aloud to groups)
- Organize groups or pairs in which same-age children read to each other
- Pair older children with younger children to read together
- Foster a love of reading by selecting books that appeal to individual children's interests
- Tutoring purposes
- Teach parents how to read with their children
- Encourage children to read independently
- Adults will read with children one-on-one
- Other (Please describe under #3.)

3. Based on your answers to question 2, please describe your plan to integrate First Book books into your program activities (that is, into your curriculum, lesson plans, etc.). How will this integration improve the overall quality of your program and the educational opportunities you offer?

**Section IV. Organizations applying for books from First Book are required to serve children and families from low-income households; 80% of the participants must come from low-income households.**

1. What percentage of children in your program **who will receive books** is from low-income households?

\_\_\_\_\_ % (Must be at least 80%)

2. What criteria does your program use to determine the economic need of the children you serve? (for example: children participating in program receive free or reduced-price lunch.)

**Section V. Organizations applying for books from First Book are required to provide multiple book distributions to each child in the program, with a minimum distribution cycle of one new book every six to eight weeks. (Ideally, each child will receive one book every month.) There is not a maximum number of book distributions. Organizations must also ensure that the books received through the grant become the personal property of the children participating in the program and that the books go home with the children.**

1. What dates do you plan to begin and complete distributing First Book books?

2. How will you ensure that First Book books become the personal property of the children enrolled in your program and that the children take their new books home?

3. Please complete the below table to calculate the number of books your program is requesting according to the reading level(s) of children in your program. In Column B, write the number of children in your program at each reading level. Write the number of books you would like to give each child in Column C. Finally, multiply Column B and Column C to calculate total number of books requested for each reading level. Write that number in Column D. Use the last "Total" row to calculate the total number of children in Column B and the requested books in Column D.

If not all of the children enrolled in your program will be receiving books, please only fill this table out to reflect those children that will receive books and not the total number of children enrolled.

A Reading Level	B Number of Children	C Number of books per child (between 6 - 12)	D Total
Pre-Kindergarten	x		=
Kindergarten through 1st Grade	x		=
2nd through 3rd Grade	x		=
4th through 6th Grade	x		=
7th Grade and higher	x		=
<b>TOTAL</b>	x		=

**Section VI. Other Resources**

1. Is your program operated in partnership with other local or national reading, tutoring, or mentoring programs? (If so, please describe and list your partners.)

2. Is your program currently receiving or expecting to receive books from other book distribution organizations? If so, how many books will your program receive and what time period will the donation cover?

\_\_\_\_\_ No, we do not currently receive donations of new books from other organizations.

\_\_\_\_\_ Yes, we are currently receiving donations of new books from other organizations. Please state the number of books you will be receiving and the time period that this donation covers:

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3. Have you ever received a First Book grant from your Advisory Board before?

\_\_\_\_\_ Yes  
 \_\_\_\_\_ No

4. Have you ever received books from the First Book National Book Bank?

\_\_\_\_\_ Yes  
 \_\_\_\_\_ No

5. Have you ever purchased books from the First Book Marketplace?

\_\_\_\_\_ Yes

\_\_\_\_ No

**Section VII. Tax-Exempt Status**

1. Does your program have tax-exempt status?

Yes  
 No

If so, please fill out the attached tax-exempt form and attach proof of tax-exempt status.

**Section VIII. Agreement and Signature**

Please read the following carefully and sign. Your signature indicates that you adhere to the following:

- a. My organization, \_\_\_\_\_, does not discriminate against individuals based on race, gender, sexual orientation, national origin, religion or physical or mental disability. partner promotions. Depending upon the source(s) of our books, my ability to select the books we receive will vary.
- b. The books received through this grant will not be resold or distributed outside of the parameters of this grant.
- c. I understand that the books received through this grant are to become the personal property of the children participating in the program and that the books will go home with the children.
- d. I understand that I may receive books from five potential book sources: First Book catalogs, Community Starter Books, the First Book National Book Bank, the First Book Marketplace, and First Book.
- e. I understand that I must complete a mid-grant evaluation report form and return it to my First Book Advisory Board and to First Book's national office six months after our grant begins.
- f. I understand that I must order all granted books within one year after the grant begins.
- g. I understand that if this program is selected for a First Book book grant, the program's name may be used in First Book materials, including but not limited to the First Book Web site, [www.firstbook.org](http://www.firstbook.org).
- h. All the information I have presented in this grant is true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## Two More Ways to Get Books Through First Book!

**The First Book National Book Bank (FBNBB)**, a subsidiary of First Book, is the only online system enabling publishers to donate large quantities of new books to the nonprofit sector for distribution to children from low-income families.

- Books are periodically distributed in various cities around the country – find out if there is a distribution coming to a city near you!
- Programs serving 80% or more low-income children are eligible to receive up to three books per child once every calendar year.
- Books are free if you pick them up; if books are shipped to you, there is a 25 cent shipping and handling fee per book.
- Books are provided on a first-come, first-served basis – neither registering nor applying guarantees that you will receive books.
- Receiving books from the FBNBB is a two-step process:
  1. **Register at [www.nationalbookbank.org](http://www.nationalbookbank.org).** Once registered, you will receive notifications via e-mail or fax alerting you when book distribution applications are available.
  2. **Once notified of a distribution, fill out the application** to request titles of books.

**The First Book Marketplace (FBMP)**, another subsidiary of First Book, allows non-profit organizations in the United States to purchase new books (with their own funds) at a greatly reduced cost.

- Books are available in carton quantity only. Cost per carton includes the shipping costs.
- Non-profit organizations serving predominantly low-income children are eligible to apply. **Schools are not eligible.**
- Receiving books from the FBMP is a two-step process:
  1. **Register at [www.fbmarketplace.org](http://www.fbmarketplace.org).** Use the same username and password that you used when registering with the FBNBB. If you are not registered with the FBNBB, please follow the registration process on the Marketplace Web site.
  2. **Place your book order.**

*Please note: Once registered with either the FBNBB or the FBMP, you are registered with both programs.*



# Tax-Exempt Status Form

## Section I – Recipient Group Contact Info

Advisory Board Number	
Recipient Group Number	

Name of Organization/Program \_\_\_\_\_

Contact Name \_\_\_\_\_ Mr. / Ms.

Contact Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

Shipping Address for UPS deliveries (No PO Boxes) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email (required) \_\_\_\_\_

## Section II – Tax-Exempt Information

Please check any and boxes that apply to your program:

1. Has your program received tax-exempt status from the federal government? Yes  No   
**If so, please attach proof of federal tax-exempt status to this form.**

Federal tax exempt identification number \_\_\_\_\_

2. Has your program received tax-exempt status from the state in which your program operates? Yes  No   
**If so, please attach proof of state tax-exempt status to this form.**

State-issued tax exempt identification number \_\_\_\_\_

3. Other information: