



# Reading Works

## Book Donation Application

Please print and answer ALL questions. To be considered, the application must be dated and signed by an authorized persona and submitted with a copy of your tax-exempt certificate. Only tax-exempt organizations are eligible.

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

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

Authorized Contact Name: \_\_\_\_\_

Authorized Contact Title: \_\_\_\_\_

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

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

Tel: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Website: \_\_\_\_\_

1. Type of center (check all that apply)

- Day Care
- Head Start
- After-school program
- Recreation/camp
- Community center
- Health care/hospital
- Other \_\_\_\_\_

2. How many children does your program serve?

\_\_\_\_\_ number of children enrolled as of date of application.

3. How old are the children you serve? Please indicate percentages for each age-group.

\_\_\_\_\_ % ages 0 to 2.5

\_\_\_\_\_ % ages 2.6 to 3.9

\_\_\_\_\_ % ages 4 to 4.9

\_\_\_\_\_ % ages 5 to 5.9

\_\_\_\_\_ % ages 6 to 7.9

\_\_\_\_\_ % ages 8 to 9.9

4. What is the income level of the children you serve?

\_\_\_\_\_ % low income

\_\_\_\_\_ % middle income

\_\_\_\_\_ % high income

5. What is the percentage of children who live below the poverty line and/or qualify for free lunch?

\_\_\_\_\_ %

6. How often do teachers/mentors read to/with the children?

- Several times a day
- Once a day
- Sometimes
- Few times a week
- Not often

7. How much time per day do children in the center spend reading or looking at books by themselves?

- Less than 15 minutes
- 16 to 30 minutes
- 31 to one hour

8. What is the center's main source for books?

- Supply money in center budget
- Federal funds
- State grants
- Foundations
- Own personal money
- Donations

9. Please describe the literacy component of your program.

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10. Is your program operated in partnership with other local or national reading, tutoring or mentoring programs? Please explain.

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11. What do you think is the percentage of the children you serve who do not have access to books at home? \_\_\_\_\_%

12. If the book grant is allocated, how will you use the books?

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13. What other programs does your center provide (music, computer, arts, etc.). Please be specific.

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14. What other information can you add to support your application?

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15. Have you previously received a KidLit Foundation book grant? If yes, when?

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I certify that our agency is a 501(c)(3) organization serving low income, at-risk children. I further certify that we have a literacy program in place to make good use of the book donation. I understand that these books constitute a charitable contribution and may not, under any circumstances, be sold or distributed to the financial benefit of any individual or organization. I further understand that The KidLit Foundation allocates book grants based on availability of age-appropriate books, a first come-first serve basis, and no more than once annually to the same agency. **If our agency receives a book grant, it is our responsibility to pick up the books directly from The KidLit Foundation, on a pre-agreed date. If the books must be shipped, our agency will agree to pay shipping charges.**

Date

Signature

PLEASE MAIL YOUR APPLICATION ALONG WITH YOUR TAX-EXEMPT  
CERTIFICATE TO  
**THE KIDLIT FOUNDATION**  
P.O. Box 282, Princeton, Il 61356  
815-200-9877  
[www.kidlitfoundation.org](http://www.kidlitfoundation.org), [lsalz@kidlitfoundation.org](mailto:lsalz@kidlitfoundation.org)