

Grant Guidelines

**Eligibility**

To be eligible for a grant from Books for STL Kids, your program must be registered with First Book®. You can register at [www.firstbook.org/register](http://www.firstbook.org/register). Registration is quick (5-10 minutes) and free!

First Book ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant recipients are expected to:

* Submit a grant evaluation within 6 months of the grant disbursement.
* Incorporate the reading of any books received into their program activities.
* Serve at least 80% of children from low-income families, or are a Title 1 or Title 1 eligible school.
* Ensure books received through the grant become the personal property of the children participating.
* Not discriminate against individuals based on race, gender, sexual orientation, national origin, religion or physical or mental disability.

**Grants**

Grants will be disbursed in the form of virtual gift cards to be used in the First Book Marketplace or in the form of books from Books for STL Kids’ existing inventory. The amount of the grant is determined by the request outlined in the application, the funds and books available, and the number of applications received.

**Application**

Please email your grant application and all required attachments to:

Bree Nicole Muehlbauer

Grants Chair, Books for STL Kids

grants@booksforstlkids.org

Only complete applications will be considered. Grant applications must be received by **July 26** for summer grant cycle and by **November 25** for winter grant cycle. You will be notified of the results approximately one month after the application deadline.

Please contact Bree Nicole Muehlbauer at 571-268-3748 or grants@booksforstlkids.org with questions.

Grant Application

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| **Section I. Introductory Information** |

Date:       First Book ID #:

Name of Organization/Program:

Contact Name:

Contact Title:

Mailing Address:

City, State, Zip Code:

Phone Number:       Email\* (required):

 \*Associated w/First Book account

Have you received a book grant in the past, either through Books for STL Kids or First Book – St Louis?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Yes |  | [ ]  | No |  | When? |       |

Please describe your existing relationship with Books for STL Kids.

Does anyone from your organization currently sit on the Books for STL Kids board?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Yes |  | [ ]  | No |  | Please list name(s). |       |

Do you agree to complete a grant evaluation within six (6) months of receiving a grant?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Yes |  | [ ]  | No |

How would you like to receive the grant evaluation form?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Email |  | [ ]  | US Postal Mail |

How would you like to be notified of grant approval?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Email |  | [ ]  | US Postal Mail |

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| **Section II. Program Information** |

1. Please briefly describe the history of your organization/program. (*150-300 words.)*

  Record answer here.

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

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Afterschool | [ ]  | Parent Education |
| [ ]  | Child Care | [ ]  | Preschool/Early Education |
| [ ]  | Community Center | [ ]  | School-based |
| [ ]  | Health Services | [ ]  | Shelter |
| [ ]  | Home Visits | [ ]  | Tutoring/Mentoring |
| [ ]  | Library | [ ]  | Other  |
|  |  |  |   *Please describe.*     |

3. Do you use bilingual books or books written in languages other than English?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Yes |  | [ ]  | No |

 3a. If **yes**, please note the languages:

 3b. How many children in your program would use books in these languages?

4. **Optional**: What percentage of children in your program are:

|  |  |  |  |
| --- | --- | --- | --- |
|       | American Indian or Alaska Native |       | Multi-racial |
|       | Asian |       | Native Hawaiian or Other Pacific Islander |
|       | Black or African American |       | White |
|       | Hispanic or Latino |       | Other:       |

5. Please list any volunteer opportunities available for Books for STL Kids board members.

 5a. Contact information for volunteer opportunities:

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| **Section III. Incorporation of Reading Requirement** |

1. Please describe the literacy component of your program. (*150-300 words.)*

 Record answer here.

2. How do you plan to integrate Books for STL Kids books into your program activities? (Select all that apply.)

|  |  |
| --- | --- |
| [ ]  | Design a curriculum unit around the books |
| [ ]  | Hold “story times” (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 interest |
| [ ]  | Tutoring |
| [ ]  | 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. Please elaborate on your plan to integrate Books for STL Kids books into your program. How will this integration improve the overall quality of your program and the educational opportunities you offer?

*(150-300 words.)*

 Record answer here.

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| **Section IV. Low-income Requirement** |

*Organizations applying for books from Books for STL Kids are required to serve programs where at least 70% of the children in the program come from low-income families, or the program is a Title 1 or Title 1 eligible school.*

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

     %  (must be 80% *or* Title 1/Title 1 eligible school)

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.)

 Record answer here.

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| **Section V. Personal Property Requirement** |

*Organizations applying for books from Books for STL Kids are required to 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 the granted books?

*Please note: Evaluation reports are due within 6 months of the start of the grant. If your program will distribute books after 6 months, please consider applying for the next grant cycle.*

 Record answer here.

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

 Record answer here.

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| **Section VI. Plan for Recognition** |

1. Please describe your plan, if any, for recognizing a grant from Books for STL Kids.

 Record answer here.

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| **Section VII. Grant Request** |

*Please complete the table below to calculate the number of books your program requests according to the reading level(s) of the children in your program.*

* In column B, write the number of children in your program at each reading level that will be receiving books.
* In column C, write the number of books you would like to give each child.
* Multiply Column B and Column C to calculate total number of books requested for each reading level and write that number in Column D.

**Please note**: **If not all children enrolled in your program will be receiving books, please complete the table to reflect only those children that will receive books.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A****Reading Level****(Approximate Age)** | **B****Number of Children** |  | **C****Number of books requested per child** |  | **D****Total****Number of books requested** |
| Pre-Kindergarten (birth – 4) |       | X |       | = |       |
| Kindergarten through 1st grade (5-6) |       | X |       | = |       |
| 2nd through 3rd grade (7-8) |       | X |       | = |       |
| 4th through 6th grade (9-11) |       | X |       | = |       |
| 7th grade and higher (12+) |       | X |       | = |       |
| **TOTAL** |       | X |       | = |       |

Total number of students in program:

Books for STL Kids often has book inventory from collections throughout the year. If we are unable to fulfill your request with a monetary grant, are you willing to accept brand new books from our inventory?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Yes |  | [ ]  | No |

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| **Section VIII. Other Resources** |

*Books for STL Kids knows it cannot alone meet all the needs of our partner organizations. We encourage many partnerships and look to see how we can work together to make an impact in students’ lives.*

1. Does your program operate in partnership with other local or national reading, tutoring, or mentoring programs?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Yes |  | [ ]  | No |

 1a. If **yes**, please list and describe your partners.

 Record answer here.

2. Does your program currently receive or expect to receive ***new*** books from other book distribution organizations? Receiving additional funds or books will not disqualify your program from the Books for STL Kids grant. If so, how many books will your program receive and what time period will the donations cover?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Yes |  | [ ]  | No |

1a. If **yes**, please record how many ***new*** books you program will receive and what period of time the donations cover.

 Record answer here.

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| **Section IX. Tax-Exempt Status** |

1. Does your program have tax-exempt status?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Yes |  | [ ]  | No |

If **yes**, please answer the following questions and attach proof of tax-exempt status.

1a. Has your program received tax-exempt status from the federal government?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Yes |  | [ ]  | No |

 Federal tax-exempt identification number:

1b. Has your program received tax-exempt status from the state in which your program operates?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Yes |  | [ ]  | No |

 State tax-exempt identification number:

|  |
| --- |
| **Section X. Agreement and Signature** |

*Please read the following carefully, initial by each and sign. Your signature indicates that you agree to each of the items below:*

|  |  |  |  |
| --- | --- | --- | --- |
|       | a. My organization does not discriminate against individuals based on race, gender, sexual orientation, national origin, religion or physical or mental disability. |       | e. I understand that I must complete a grant evaluation report from and return it to Books for STL Kids at the end of the 6 month grant period. |
|  |  |  |  |
|       | b. The books received through this grant will not be resold or distributed outside of the parameters of this grant. |       | f. I understand that I must order all granted books within 6 months after the grant begins. |
|  |  |  |  |
|       | 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. |       | g. I understand that if this program is selected for a Books for STL Kids grant, the program’s name may be used in Books for STL Kids materials, including but not limited to the Books for STL Kids Facebook page. |
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|       | d. I understand that I may receive books from two potential sources: a virtual gift card for use in the First Book Marketplace and Books for STL Kids existing inventory. Depending on the source(s) of our books, my ability to select the books we receive may vary. |       | h. All the information I have presented in this grant is true to the best of my knowledge. |

Signature:       Date:

Print Name: