



GRANT APPLICATION

Read for Life gives books to children and reading packets for parents that contain resources to support reading aloud. We only operate in Tulare County, California.

Our volunteers can come to your organization and talk to parents about the importance of reading aloud to their children and the importance of having books in the home.

Please see our web site to see if your project is compatible with our goals. www.readforlife.org

Requested By: _____
Organization

Name of

Read for Life
P.O. Box 3342
Visalia, CA 93278-3342
APPLICATION FOR SUPPORT

Name of Organization: _____

Address: _____ City/State/Zip: _____

Authorized Contact Person: _____

Title: _____ Telephone _____ Fax _____

Mission/Purpose of Organization (objectives, past accomplishments, future goals, long-range plans)

Year Founded: _____ Total Current Operating Budget: _____

Primary source of budgeted funds: _____

Incorporated as Non-Profit(y/n): _____ If yes, date incorporated: _____

Tax Exempt Under IRC 501(c)(3)? _____ Federal Tax ID # _____

Has organization requested support from *Read for Life* in the past? _____ When? _____ Was support received? Yes _____ No _____

Read for Life does not give monetary support. We do give books for children and reading packets for parents that contain resources to support reading aloud. We only operate in Tulare County, California.

How many children will be served by this donation? _____

Approximately how many books will you need? _____

What ages are the children who will be served? _____

Is this a one-time event or does it continue for a period of time? Give date(s) and describe time-frame.

How long has this event been planned? _____

Source of other funds used for program: _____

How many persons do you estimate will benefit from this grant? _____

What will be the expected duration of effect from the grant? _____

Please attach a single page to this application which describes your project and the constituency it serves.

Without *Read for Life* support, does your project go forward? Yes _____ No _____

What are the criteria by which you will measure the success of the project? _____

When will you know the results of your project? _____

How will you report your results to **Read for Life**? _____

Will there be public acknowledgment of **Read for Life** support and if so, in what form?

What are the contributions expected from your organization to this project?

Financial \$ _____ Volunteer hours _____ Other _____

What percentage of the project will be devoted to overhead? _____

Please briefly describe the administrative operation of your organization and list your board of directors below.

Board of Directors	Name	Years on Board	Occupation
Chair			
Vice-Chair			
Treasurer			
Secretary			
Board Member			
Board Member			
Board Member			

Are accounts audited by: A CPA _____ An auditing committee of the Board _____ Other _____?

Specify: _____

I certify that the aforementioned and enclosed information is complete and accurate: (To be signed an officer of the group)

Signature: _____ Title: _____ Date: _____

You may use another sheet to explain any answers more fully.

When finished, please mail to Read for Life, P.O. Box 3342 Visalia CA 93278 or email to

info@readforlife.org