

**APPLICATION FOR CHILDREN’S BOOKS**

**The Roads to Reading Initiative**

**20 Charlesgate West, Suite 515**

**Boston, MA 02215**

**(617) 515-7084**

[bookdonations@pwirtr.org](mailto:bookdonations@pwirtr.org)

[www.pwirtr.org](http://www.pwirtr.org)

*Please read our guidelines thoroughly before completing and submitting the application. Thank you!*

|  |  |  |
| --- | --- | --- |
| Number of Books Requested: | Date: | |
| Focus Area: □ Childcare □ Public or School Library □ Afterschool Program □ Private or Public School □ Other | | |
| Purpose for the Request: | | |
| Organization Name: | | |
| Address: | | |
| Primary Contact: | | |
| Phone Number: | | Email Address: |
| Organization’s Website: | | |
| Organization’s Purpose: | | |

|  |  |
| --- | --- |
| CEO or Executive Director: | |
| Address (if different than above): | |
| Phone Number: | Email Address: |
| Grants received from us in the past: □ 2013 □ 2012 □2011 □ 2010 □ 2009 □ 2008 | |
| Geographic Area Served: | |
| Does your organization receive United Way funding? (Check appropriate box) : Yes No | |
| Organization’s Current Budget: | |
| Organization’s Internal Revenue  Service 501(c)3 tax identification number or State Daycare License Number: | |

**ORGANIZATION DESCRIPTION AND REQUEST SUMMARY**

**In up to two pages, please describe:**

1. Your organization, its purpose and its impact on your beneficiaries.
2. The specifics of your request for support:
3. The number of books you are requesting and the details of how it will be used, including the budget for the associated program.
4. The need for this support and the rationale or evidence behind its importance.
5. The intended outcomes and impact of this support (i.e. How many children will be affected? Over what period of time?)
6. How will you evaluate and report progress.
7. What information you’ll track about your results of this grant.
8. When and how will you notify us of your progress and final results?

**To certify the content of this application, the organization’s Principal, Head Librarian, Executive Director, designate should sign here:**

**Please print this this application, sign here and email it to the email address below. We will send you an email confirmation that your application has been received.**

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**Signature**

|  |  |
| --- | --- |
| Name: | |
| Organizations Name: | |
| Title: | Date: |

**CONTACT INFORMATION FOR QUESTIONS AND SUBMISSIONS**

Please submit your application via email. Emailed applications are the preferred way to receive applications. If you are unable to submit your application electronically, please mail them to: 20 Charlesgate West, Suite 515, Boston, MA 02215.

For questions about the application form, please email your questions to: [bookdonations@pwirtr.org](mailto:bookdonations@pwirtr.org). We will respond to your inquires within 48 hrs. During the summer we are closed on Fridays. Please include the best telephone number and time to reach you.