



Books for BLOOMINGTON - NORMAL Kids

- 2025 Grant Application -

Contact Information

Name of organization _____

Contact person's name _____

Contact person's job title _____

Address to mail grant check _____

City, State, Zip Code _____

Phone Number _____

E-mail _____

Secondary contact's name _____

Secondary contact's email _____

Program Information

1. Describe the mission of your organization.

2. Do you have: _____ Federal tax-exempt status _____ State nonprofit status

3. Tax Identification number _____

4. What percentage of the children you serve are low-income? _____

5. Check the areas that describe your program. (Select all that apply.)

- | | | |
|---|---|---|
| ☐ After school | ☐ Health Services | ☐ School |
| ☐ Child Care | ☐ Home Visits | ☐ Shelter |
| ☐ Community Center | ☐ Library | ☐ Tutoring/Mentoring |
| ☐ Early Education | ☐ Parent Education | ☐ Other (describe) |

Literacy Information

1. List the literacy goals for your program.

2. List ways the books from *Books for BN Kids* will be used to support your literacy goals.

3. How will you ensure the books from *Books for BN Kids* become the property of the children in your program?

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

- | | |
|---|--|
| ☐ Design a curriculum unit around the books. | ☐ Read the books aloud to groups. |
| ☐ Group or pair same age children to read to each other. | ☐ Book buddies |
| ☐ Select books that appeal to individual children's interest. | ☐ Tutoring |
| ☐ Teach parents how to read with their children. | ☐ Adults read one-on-one with children. |
| ☐ Encourage children to read independently. | ☐ Other (please describe) |
| ☐ Select books that appeal to individual children's culture/native language. | |

Book Information

1. Record the number of books your program is requesting. **Grants are limited to \$5,000.**

- Multiply column B & Column C to calculate the total number of books requested.
- Write the total in Column D.
- If not all of the children enrolled in your program will be receiving books, complete the table to reflect the children that will receive books and not the total number of children enrolled.

Column A	Column B		Column C		Column D
Grade Level	Number of Children		Number of books requested per child		Total number of books
Early Learning		x		=	
Kindergarten & 1 st Grade		x		=	
2 nd & 3 rd Grade		x		=	
4 th & 5 th Grade		x		=	
6 th through 8 th Grade		x		=	
9 th through 12 Grade		x		=	
Total		x		=	

Additional Information

1. Have you received a grant from ***Books for BN Kids*** (formerly *First Book-McLean County*) before?

____ Yes

____ No

2. How will you promote the grant you receive from ***Books for BN Kids***?

____ Photos on your web page

____ Press release

____ Other (please describe)

____ Photos on your social media page

____ Article in your newsletter

3. Have you attended any ***Books for BN Kids*** events? (Select all that apply)

____ Trivia Night at Bloomington Country Club (October)

____ Books, Bites, and Brews (April)

____ Online Parties (Pampered Chef & Norwex)

____ Fannie May Fundraiser (February)

4. I follow ***Books for BN Kids*** on their Facebook page.

____ Yes

____ No

5. I have visited ***Books for BN Kids***' website.

____ Yes

____ No

Grant Agreement

✓ Please check if you agree to the terms of the grant.

_____ We will present lessons/activities with the reading of each book purchased.

_____ When possible, we will involve the children's families in activities to develop a positive connection with reading as a family.

_____ We will ensure the books become the property of the children, so they may begin to build a home library.

_____ We will use the grant funds for book purchases, and not for other non-book items.

_____ We will order books within six months of receiving the grant money.

_____ We will submit receipts for books purchased with the awarded grant money to:

BooksForBloomingtonNormalKids@gmail.com

_____ *I understand that if we do not follow guidelines, we will lose funding and will not be considered for future grants for a period of five years.*

Additional Agreements

✓ Please check if you agree.

_____ I understand that if my program is selected for a ***Books for BN Kids*** grant, the program's name may be used in ***Books for BN Kids*** materials. (Including but not limited to: Facebook page, Website, Emails to donors, Press release)

_____ After we receive the books, I will e-mail photos to ***Books for BN Kids*** to be used on their website and Facebook page. I will only include photos where parents have signed their approval for publication. (You may also contact us to come & take photos.)

_____ I will write the child's name inside the book.

Signature of person completing the grant application.

Date

Job Title

- **E-mail the completed grant application to:** BooksForBloomingtonNormalKids@gmail.com
- You will receive a confirmation e-mail within 48 hours. If you do not, please e-mail us.