

**THE PILCROW FOUNDATION
CHILDREN'S BOOK PROJECT GRANT APPLICATION**

Submit a response to all items below using only this form. Do not rewrite the information onto another form. Mail a paper handwritten or typed, stapled, signed and complete application to the address at the end of the Children's Book Project Grant Application.

I. APPLICANT:

Contact Information

Library _____

Street Address _____ P.O. Box _____

City _____ County _____ State _____ Zip _____

Contact Person _____ Title _____

Library Phone _____ Fax _____

E-mail _____ Website _____

Library Hours _____

Shipping Address (for book deliveries)

Attention (for deliveries) _____

Street _____

City _____ State _____ Zip Code _____

II. LIBRARY DESCRIPTION:

A. Mark the best description of the library:

- City, town, township, municipality, borough or village library
- Branch library – Name of main library? _____
- County library
- Branch of a county library – Name of main library? _____
- Combination of town and public school library
- Tribal library – Tribal affiliation? _____
- Other. Please describe _____

B. Does the library have branches or bookmobiles? Yes ___ No ___ If yes, how many? _____

1. Total hours per week branch libraries are open _____

2. Bookmobile schedule _____

C. Is the library a member of a regional cooperative system? Yes ___ No ___ If yes,

1. What is the name of the system? _____

2. How is the system governed? _____

3. How much funding does the library receive from the system? _____

4. What services does the system provide to the library?

III. LIBRARY SERVICE AREA:

A. Population of the community in which the library is located _____

B. Population of the area the library serves (if greater than A) _____

C. Name of the nearest city with a population of 50,000 or more _____

1. Estimated population of this city _____

2. Distance in miles to this city _____

D. Is there a college or university in the library's service area? Yes ___ No ___

Name of institution _____

E. What are the primary industries of the area? (e.g., agriculture, forestry, mining, tourism, etc.)

IV. LIBRARY CIRCULATION AND CHILDREN'S PROGRAMS:

A. Approximately how many patrons use the library services each week? _____

How many are age 12 and under? _____

B. Approximately how many books do patrons check out each week? _____

How many of these are children's books? _____

C. Does the library offer digital library services? Yes ___ No ___ If yes,

1. What is the service (e.g., Library2Go)? _____

2. How is this program funded? _____

3. What age group does the program serve (Adult, YA, Children)? _____

D. Does the library offer children's books in languages other than English? Yes _____ No _____

If yes, list the languages _____

What languages, other than English, do people in your community speak?

E. What services and activities does the library provide to the general public?

F. What programs does the library offer for children and when are these programs offered?

G. List the methods by which you select children's books for the library (e.g., books reviews, patron recommendations, journals, etc.).

V. BUDGET INFORMATION:

Provide budget information for the library's most recent fiscal year. If the library is a branch and receives its funding from a parent institution: 1) answer the questions first with your library's budget, and 2) in parentheses, include the parent institution's budget. If the library is a member of a regional or cooperative system, any funds listed in Part II, Section C, Item 3 must be included as part of the total annual budget.

A. Total annual budget with expenditures and salaries _____

B. Total annual book budget (Reference, Adult, YA, Children) _____

C. Number of paid library employees _____

Number of employees with a MLS, MLIS, or equivalent degree _____

D. Describe the ways in which the library is funded. Please be specific.

E. Has the library experienced any budget cuts or increases in the past 3 years? Please explain.

VI. LOCAL FUNDRAISING:

In the spirit of building community support, the library's local sponsors (such as the Friends of the Library, community organizations, or individual library supporters) will raise from \$200 to \$400 for The Pilcrow Foundation's 2-to-1 match of \$400 to \$800. Pilcrow is not able to match funds from your existing library budget or more than \$400.

A. Who will be the library's local sponsor(s)? _____

B. How much will the sponsor(s) raise? (between \$200-\$400)? _____

C. How will the sponsor(s) raise the funds? Please be as specific as possible.

VII. NEEDS ASSESSMENT:

Please explain in detail why your library needs our support to acquire new children's books. If the library has suffered a loss due to a natural disaster, you may be eligible for a non-matching grant. See our website for more information.

VIII. PUBLICIZING THE GRANT AWARD:

Describe the ways in which you will publicize and promote the acquisition of the new books and celebrate your sponsors. The publication and celebration of your achievement is part of the report you will submit (see Section IX).

IX. REQUIRED REPORTING:

All grant recipients are required to submit a one-page narrative report within 6 weeks of receiving the new books. The narrative can include 1) general information about the library and the community it serves; 2) information about how you and/or your sponsors successfully raised funds for the Children's Book Project program grant; 3) the ways in which you publicized and promoted the acquisition of the new books and celebrated your sponsors; and 4) the impact the new books may have had on the library's services and patronage. Include copies of newspaper articles and other items documenting the ways in which you celebrated the new books from The Pilcrow Foundation. Please provide as much detail as possible. *Our donors appreciate knowing about the libraries their contributions support!*

Do you agree to provide this report within 6 weeks of receiving the new books? Yes ___ No ___

Note: Failure to submit the required report may prevent eligibility for future grants.

Signature of Authorizing Official _____

Print Name _____

Title _____ Date _____

Please mail the entire printed, stapled, and signed application to the address below. Applications sent by fax, email, or other electronic means will not be reviewed. Applications with missing or inaccurate information may not qualify for funding.

Karren Timmermans, Director
The Pilcrow Foundation
343 Washington Avenue
Cottage Grove OR 97424

Phone: 541-767-3604
Email: pilcrowfoundation@gmail.com
Website: thepilcrowfoundation.org