

Lois Lenski Covey Foundation

2019 Bookmobile Library Grant Application

The Foundation will consider bookmobile programs administered by public libraries or by other non-taxable organizations.

Organization or Library name _____ Years in operation ____

Bookmobile program name (if different from above) _____ Years in operation ____

Address _____ City _____ State ____ Zip _____

Website address _____ Non-profit Tax ID # _____

Name of contact person _____ Position _____

A. TELL US ABOUT YOUR COMMUNITY

Tell us about the community your bookmobile serves. (*Setting, economic conditions, and special circumstances are appropriate.*)

Percentage of children served that qualify for free or reduced lunch programs: _____%
(*This information is obligatory. Local school districts are usually able to provide this number.*)

B. TELL US ABOUT YOUR ORGANIZATION

Charitable organizations: What is the purpose of your organization, and how does it serve its patrons?

Public libraries: **Not Applicable** (skip to section C)

C. TELL US ABOUT YOUR BOOKMOBILE PROGRAM

PLEASE ATTACH THE SCHEDULE of your bookmobile's stops.

Provide a brief history as to why your bookmobile program was developed.

Tell us about programs your bookmobile offers that target children and youth.

In what capacity do most children and youth use your bookmobile program (i.e. leisure reading, supporting school work, listening to stories, etc.)?

Age of bookmobile vehicle: _____ years

PLEASE ATTACH TWO PHOTOS (one interior and one exterior) of your bookmobile.

What is the age range of the children using your bookmobile program? _____

How many children and youth use your bookmobile program each week? _____

How was this estimate made?

Number of full time bookmobile staff _____.

Number of part time bookmobile staff _____, who work a combined _____ hours weekly (total hours of part time staff only).

Number of hours bookmobile is open per week: _____ hrs.

How many children/youth books are in your collection? _____

In what condition are the children's books? Provide percentages.

___ % Excellent (new and in good condition)

___ % Good (not new, but in good condition)

___ % Fair (well used, but not overly-deteriorated)

___ % Poor (significantly damaged, close to unusable)

*If more than 10% of collection is in "poor" condition, provide explanation:

Please provide approximate percentages of the reading levels for your children's books:

___ % Picture books (ages 0-5)

___ % Early Reader books (ages 6-8)

___ % Chapter books (ages 9-11)

___ % Middle Grade books (ages 12-14)

___ % Young Adult books (ages 15 and up)

D. TELL US HOW LLCF GRANT FUNDS WOULD BE USED

What type(s) of children and youth books do you need?

How was this need determined?

How many children's books would you acquire with a LLC Foundation grant?

Number of books: _____

What is the total cost of these books?

Total cost: \$ _____

How did you determine the number of books and their cost?

E. TELL US ABOUT YOUR BOOKMOBILE’S CHILDREN’S BOOK EXPENDITURES

What are your historic expenditures for the purchase of children’s books for your bookmobile? (Books published for children pre-school through 8th grade.)

- Use the table below to document dollar amounts from the last three years.
- Include only book-purchase dollars. Do not include dollars for non-literature items (gasoline, maintenance, supplies, etc.).
- **Complete budget information is required. We cannot accept applications where any of the cells are blank; use “0” if appropriate.**
- **If you rotate children’s books into the bookmobile from a larger collection, provide expenditures for all children’s books purchased for the larger collection and check this box.**

	\$ from Administration*	\$ from Grants**	\$ from Donations**	Other Income ***	Total ****
2018					
2017					
2016					

* money from organization or public library that administers bookmobile program

** grants or donations directly to bookmobile program (as opposed to grants to umbrella organization)

*** other fundraising such as book fairs, bake sales, etc.

**** sum of previous four cells in this row

Provide the source(s) of grants and donations:

Provide explanation for each year that your children’s book budget did not receive funding from administration (column 1 above):

F. ADDITIONAL INFORMATION (optional)

If desired, give additional information that you feel would be useful to our directors in considering your application by attaching no more than one extra page. The appended page needs to contain explanatory text that you have written yourself. Do not append book lists or collection age lists.

Check here if you have opted to add information:

Contact’s email address _____

Phone number _____

Signed: _____ Date: _____
 (print document and sign by hand before mailing)