**PSEA EDUCATION FOUNDATION**

**BOOK DRIVE GRANT PROGRAM APPLICATION**

PSEA Education Foundation Book Drive Grants (Grants) may be awarded by the PSEA Education Foundation so that Grant recipients can purchase books from First Book or a similar 501(c)(3) charity. Grant proceeds can only be used for the purchase of books.

1. Name of Grant Applicant:
2. Amount of Grant Requested: (Maximum $1,000)
3. PSEA region:
4. Contact person:
5. Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. Email address:
7. Phone number:
8. Name of 501(c)(3) charity partner:
9. Contact person:
10. Address:
11. Phone number:

6. Describe how the book drive will meet the following objectives:

a. Collecting books for distribution and engaging the community

b. Distributing books to children in need

c. Encouraging students to read

d. Increasing the number of people who receive Partners for Public Education Post and other PPE materials

e. Building local capacity

7. The plan for book distribution, including a description of the type of students and/or families who will be served:

8. The type of books that will be distributed (while titles do not have to be provided in the application, a description of the target group for the books shall be included):

The PSEA Education Foundation will have payment made to First Book or a similar nonprofit organization or will reimburse the Grant recipient for the cost of books purchased from First Book or a similar nonprofit. Payment will not be greater than the approved Grant.

If you are approved for a grant, what is your plan for purchasing books? (Circle one)

1. I will place the order and have the PSEA Foundation pay First Book or other nonprofit, or
2. I will order the books from First Book or similar nonprofit and submit for reimbursement.

If you choose option b), please provide the following information for the entity to be reimbursed:

Name, address, email address, and phone number.

SIGNATURE OF APPLICANT:

I certify that I have examined this completed application and the facts and statements herein and my attached statement explaining the reason for my application and the manner in which I will use the grant are true and correct to the best of my knowledge and belief.

SIGNATURE / TITLE DATE

The completed application must be signed by the local association president(s), PSEA region or division president, or PSEA member as appropriate.

**REVIEWED BY:**

PSEA REPRESENTATIVE NAME: \_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE:

DATE:

PSEA STAFF NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE:

DATE:

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| **INTERNAL PSEA USE ONLY**   |  |  |  |  | | --- | --- | --- | --- | | 🞏 | APPLICATION IS COMPLETE AND  READY FOR PRESENTATION | 🞏 | RETURN TO APPLICANT FOR FURTHER INFORMATION |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |   SIGNATURE OF PSEA REGION FIELD MANAGER DATE  SIGNATURE OF PSEA REGION ADVOCACY COORDINATOR DATE  SIGNATURE OF PSEA EXECUTIVE DIRECTOR OR DESIGNEE DATE |

**Mail or Deliver Completed Form to: PSEA Executive Director**

**400 North Third Street**

**P.O. Box 1724**

**Harrisburg, PA 17105-1724**