



PRELIMINARY APPLICATION FOR *SHARED BEGINNINGS*[®] FUNDING

To be considered for federal matching book funds, prospective programs must complete this form.

1. ORGANIZATION OR AGENCY: The sponsoring group that wishes to operate a *Shared Beginnings* program.

Name of Organization or Agency

Address

City *State* *Zip Code*

() ()

Telephone Number *Fax* *E-mail*

The organization is a: private nonprofit group public agency school

2. CONTACT PERSON: This should be someone who can answer questions about this application. All information concerning matching funds will be mailed to this address. Please include summer contact information.

Name of Contact Person

Address

City *State* *Zip Code*

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Telephone Number *Fax Number* *E-mail*

3. FUNDING: The *Shared Beginnings* program book budget is based on a cost of \$6.60 per participant for books for ownership to be distributed to young parents and their children.

Would you be able to raise enough money to run a *Shared Beginnings* program **without** Federal book funds from RIF? Yes No

4. FAMILIES: The *Shared Beginnings* program is designed to serve young parents and their children. In order for programs to receive federal funding, participating parents must be under 18 years old and/or enrolled in a high school equivalency program.

- A. How many parents do you anticipate will participate in the program? _____
- B. What is the age range of parents you will serve? _____ to _____ years
- C. How will the *Shared Beginnings* program support your current work with young parents?

5. PARTICIPANTS: Please pay particular attention to section F below, specifically citing the source of this data. Programs that intend to operate in more than one location must complete pages 3 and 4.

- A. What is the **total number of participants (young parents and their children)** you wish to serve? _____
(To control administrative costs, only prospective programs serving 50 or more children will be considered for Federal funds.)

B. Indicate ethnicity of children you propose to serve:

Percentage (%) (do not use decimals)	Ethnicity Information
_____ %	American Indian, Eskimo, or Aleut
_____ %	Asian or Pacific Islander
_____ %	Black
_____ %	Hispanic Origin (of any race)
_____ %	White
_____ %	Other(s) (please specify) _____
Total Must = 100%	

C. Indicate the percentage of children that speak the following as their first language:

Percentage (%) (do not use decimals)	Language Spoken
_____ %	First Language _____
_____ %	Second Language _____
_____ %	Other _____
Total Must = 100%	

D. Indicate the ages of the children you propose to serve:

Percentage (%) (do not use decimals)	Age Groups
_____ %	Ages 0-2
_____ %	Ages 3-5
_____ %	Ages 6-11
_____ %	Ages 12-14
_____ %	15+
Total Must = 100%	

E. Please **check all** of the following descriptions that apply to the children you plan to serve:

- Low-income children *
- Children at risk for school failure *
- Children with disabilities
- Emotionally disturbed children
- Foster children
- Homeless children
- Migrant children
- Institutionalized or incarcerated children
(e.g., orphanages, hospitals, juvenile detention centers)
- Children without access to libraries
- Children whose parents are institutionalized or incarcerated

* *NOTE: Consider the following indicators to determine if the children you will serve are low-income or educationally at risk:*

- Children who participate in free or reduced-price lunch
- Children eligible for Title 1
- Children for whom English is a second language
- Head Start children
- Children in public housing
- Children with below-average reading skills
- Teen parents
- School dropouts

F. By providing your program's Free and Reduced-Price Meal statistics in the space provided below, you pledge that you have read the guidance provided by RIF, have consulted your Authorizing Official and reliable sources of information, and are prepared to show proof of this status. RIF retains the right to verify your percentages and source(s) of local demographic data.

Single-Site Programs:

Percentage of children served who participate in F&R meals: _____

Source(s) of this information (please list the website/URL, document, etc.): _____

Multi-Site* Programs:

Average percentage of children served who participate in F&R meals: _____

Source(s) of this information (please list the website/URL, document, etc.): _____

_____ *Multi-Site Programs: Complete the chart below to determine your program's average percentage. If you have a large number of sites, feel free to attach a similarly formatted spreadsheet with this information.

Name of Site	F&R %	Name of Site	F&R %

G. Please include information about any other special circumstances that jeopardize the education of the children you plan to serve:

Thank you for completing this form.