

[help with program applications](#)

Site ID: 4476  
Program Name: Sampletown Pediatrics  
Application Status: Required

Thank you for applying to become an official Reach Out and Read Program. The Reach Out and Read National Center reviews completed applications once a month. Applications are reviewed for accuracy and thoroughness, commitment to the ROR model, and strong plans for long-term sustainability.

All clinics/practices applying to start ROR Programs are required to demonstrate that they have secured at least 75% of their Annual Book Commitment (ABC, the total number of books needed for an ROR Program annually, which is equivalent to the annual number of well-child visits for children ages 6 months through 5 years). Pediatric clinics/practices that demonstrate in the ROR application that they have this minimum level of support are typically approved and begin implementation within a few weeks. Programs that have not yet met this requirement are placed on a waitlist until they can demonstrate they have secured 75% of their ABC for the first year and long-term sustainability.

Reach Out and Read is a primary care-based early literacy program, targeting children 6 months through 5 years of age. The three main components of the program model (anticipatory guidance, free developmentally-appropriate books for children, and a literacy-rich environment) are designed to be implemented during well-child pediatric visits.

Please answer the following questions about your organization. Be sure that your numbers include accurate information about any affiliated Satellite Programs.



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## SITE CONTACTS

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In the contacts section below, please list the names of each provider (doctor or nurse) participating in the ROR Program. Be sure to include one medical provider participating at each Satellite if applicable. Entering the names of residents at your Program is optional.

**Primary \*** **Contacts**

primary	Contact ID: 53229 Name: E B Role: Medical Consultant	<a href="#">EDIT</a> <a href="#">VIEW</a> <a href="#">REMOVE</a> <a href="#">set as primary contact</a>
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[ADD NEW](#)

ROR Programs require both a Coordinator and an ROR Medical Consultant (if these roles are filled by the same person, please list this person as “Medical Consultant” and designate him/her as the Primary Contact).

\* Primary contact for all ROR National communications. Email address required.

## SATELLITES [?](#)

ROR Satellites are small pediatric outpatient facilities that participate in the ROR program and are administered by another ROR Program. Each Satellite must be a medical facility that provides pediatric primary outpatient care.

### Satellite Information

If you are interested in hosting one or more Satellites, click [ADD NEW](#)

\* = required

## PROGRAM INFORMATION

1)

**Is your Program one of the following?**  
(Check as many as apply)

<input type="checkbox"/> Community Health Center	<input type="checkbox"/> Hospital
<input type="checkbox"/> IHS/Tribal	<input type="checkbox"/> Migrant Health Facility
<input type="checkbox"/> Military Facility	<input type="checkbox"/> Private Practice
<input type="checkbox"/> Pediatric Residency Training Site	<input type="checkbox"/> Public Health Department
<input type="checkbox"/> Family Practice Residency Training Site	

Affiliated Health Care or Hospital System, if applicable:

Affiliated Literacy Organization, if applicable:

For more information, please reference the [ROR Program Manual: Medical Provider Training, on page 7](#).

2)\* Indicate the actual number of all primary care providers that see pediatric patients 6 months through 5 years at this Program and any Satellites, if applicable:

(These providers will be trained by ROR)

<input type="checkbox"/>	Pediatricians
<input type="checkbox"/>	Family Practice Physicians
<input type="checkbox"/>	Pediatric RNs or Nurse Practitioners
<input type="checkbox"/>	Family Practice Nurse Practitioners
<input type="checkbox"/>	Physician's Assistants
<input type="checkbox"/>	Pediatric Residents
<input type="checkbox"/>	Doctors of Osteopathic Medicine
<input type="checkbox"/>	Family Practice Residents
<input type="checkbox"/>	Other : Please Specify <input type="text"/>
0	Total # of Providers

3)\* How would you describe the area where your Program is located?

Rural  Urban  Suburban

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**DEMOGRAPHIC INFORMATION** - Identify your patient population

We would like to know about your patient population, and how many of the children you serve are at socioeconomic risk. We will ask several demographic questions. If you do not have the data to answer, please provide additional information about your patient population in Question 8.

4)\*  
?

Insurance Coverage	
<input type="checkbox"/> %	Self Pay/Uninsured
<input type="checkbox"/> %	Private Insurance
<input type="checkbox"/> %	Medicaid
<input type="checkbox"/> %	Medicare
<input type="checkbox"/> %	HMO Medicaid
<input type="checkbox"/> %	HMO (Non-Medicaid)
<input type="checkbox"/> %	Other - Please Specify: <input type="text"/>
<b>0%</b>	<b>Total</b>

5)  
?

Average Annual Income of your patient population as % of the Federal Poverty Level (Please complete this section if your health center routinely collects this income information.)	
<input type="checkbox"/> %	100% or below
<input type="checkbox"/> %	101-150%
<input type="checkbox"/> %	151-200%
<input type="checkbox"/> %	200+%
<b>0%</b>	<b>Total</b>

6)

Ethnic Breakdown		
%	Ethnicity	Comment/Other
<input type="checkbox"/> %	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> %	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> %	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> %	<input type="text"/>	<input type="text"/>

<input type="text"/> %	<input type="text"/>	<input type="text"/>
<input type="text"/> %	<input type="text"/>	<input type="text"/>


7) **What languages are most common among your patient population?**  
(Provide percentage estimate, if known)

%	Language	Comment/Other
<input type="text"/> %	<input type="text"/>	<input type="text"/>
<input type="text"/> %	<input type="text"/>	<input type="text"/>
<input type="text"/> %	<input type="text"/>	<input type="text"/>
<input type="text"/> %	<input type="text"/>	<input type="text"/>
<input type="text"/> %	<input type="text"/>	<input type="text"/>

8)\* **Please give us additional information about your patient population or risk factors for reading failure in your community, so that we have a better understanding of the population you serve.**

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**ROR ANNUAL BOOK BUDGET**

9)\* **Calculate your ROR Annual Book Commitment (ABC).**   
The number of well-child visits must accurately reflect the children served; ages 6 months through 5 years only. Sick and follow-up visits should not be included.

Number of well-child visits annually (6 months through 5 years only) / Annual Book Commitment	Average Book Cost *	Estimated Annual Book Budget *
<input type="text"/>	x \$2.75	= <input type="text"/>

\* On average, ROR Programs spend approximately \$2.75/book.

For more information, please reference the [ROR Program Manual: Obtaining Books for Your Program, on page 10](#).

## FUNDRAISING

For more information, [please reference the ROR Program Manual: Fundraising, on page 32](#).

10) **Does your clinic/practice have a development office?**

Yes  No

11) **Do you currently have any new books or funds for books available for your ROR Program?**

(Round to the nearest dollar.)

#  New Books (appropriate for your patients, age 6 mos – 5 yrs)

\$  Book Purchasing Funds @ \$2.75/book = \_\_\_\_\_

12)\* **Please outline at least two specific fundraising strategies for your Reach Out and Read Program.**

## LITERACY-RICH ENVIRONMENT

13)\* **Are there any volunteer programs already in place in your waiting room?**

Yes  No

Please list at least two ways in which your waiting room will become a literacy-rich and

book-promoting environment. If you do have (or intend to have) volunteer programs, please describe those here also.\*

### FEDERAL TAX ID NUMBER

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14)\* Note the Federal Tax ID Number for your clinical or fiscal umbrella organization:

Is this a Federal Tax ID Number for a not-for-profit organization with 501(c)(3) status?

Yes  No

Is this your organization's Tax ID or the Tax ID of a fiscal sponsor?

Organization  Fiscal Sponsor

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For more information, please reference the [ROR Program Manual: Literacy Rich Waiting Room, on page 9](#).

### CONTRACT AND FUNDING ALLOCATION

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15)\* **ROR Contract** - Please print, sign, and retain for your records.



## General Conditions Agreement

Site ID# 4476

Between the Reach Out and Read® National Center (ROR)  
and  
Samletown Pediatrics (Grantee Program)

**If approved, the ROR Grantee Program named above agrees to the following:**

The grantee organization will establish a program to be known as "Reach Out and Read®" within six months of

the award agreement signature date, in accordance with the guidelines in the ROR Manual.

The program is comprised of the following three components: (1) primary care providers give anticipatory guidance to parents about early literacy; (2) primary care providers give a new book to children 6 months through 5 years of age during the well-child exam; and (3) a literacy-rich environment.

“Reach Out and Read” is a trademark and may only be used by the grantee organization for the purposes of implementing the ROR Program in accordance with the ROR Manual.

The Grantee Program will use the trademark “Reach Out and Read” when referring to the ROR Program for publicity purposes, and will use the official ROR logo on all print and electronic materials specific to the ROR Program. The correct abbreviation for Reach Out and Read is **ROR**.

The Grantee Program agrees to attend an initial ROR training (either in person or through an online CME course) and implement an ongoing plan for ROR medical provider training which reaches each primary care provider participating in the ROR Program, to use the ROR training outline, and to collaborate with the ROR National Programs Coordinator who assists with establishing program training plans.

If start-up funding is available and awarded by the National Center or an ROR-affiliated Coalition, that funding is restricted to the purchase of new, developmentally-appropriate books, for children ages 6 months through 5 years of age, to be distributed by a primary care provider in the exam room exclusively in well-child or health supervision visits. Federal funds should be spent within 12 months. Any federal funds not expended for this purpose within 12 months shall be returned to the ROR National Center.

The Grantee Organization agrees to actively develop public and private funding sources (beyond the period of any start-up funding) to adequately sustain the cost of new, developmentally-appropriate books for the ROR Program. Program coordination, promotional, and fundraising expenses may not be paid with funds provided by the ROR National Center.

It is agreed that regular and consistent reporting from the Grantee Program is a condition for operating an ROR Program, continuing to use the “Reach Out and Read” trademark, and being eligible to apply for any future sustainability funds available through the National Center. Thus, the Grantee Program and its ROR Medical Director agree to provide the ROR National Center with brief, accurate, and timely semi-annual progress reports on forms provided by the ROR National Center (electronic preferred). If the Grantee Program ceases to exist or forfeits the use of the “Reach Out and Read” name because of failure to adhere to the ROR model of early literacy intervention, any unexpended funds provided by the National Center to the ROR Program shall be returned to the ROR National Center.

The Grantee Organization agrees to notify the ROR National Center promptly of changes in program administration, new contact information, or in advance of the termination of the ROR Program.

The Grantee Organization agrees to make a financial contribution to support its ROR Program; however, funds, if awarded under the provisions of this contract, shall not be used to support any activities or materials that are related to fundraising and lobbying, or advocacy, including salaries for employees, or compensation for consultants, whose time is spent on these activities or the development of materials related to these activities.

Fundraising and advocacy activities will be in furtherance of ROR’s charitable purposes and shall comply with any and all state or local laws or fundraising rules.

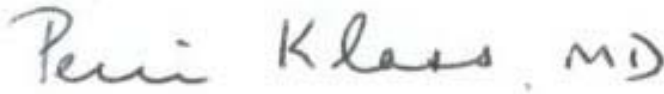
The Grantee Organization shall not use funds, if awarded, to purchase any materials, equipment, supplies, or books which include any reference to religious worship, instruction, or proselytization.

Eric Belford, M.D.

6/1/2009

Signature: Medical Director/Coordinator of the Grantee Organization

Date



6/1/2009

Signature: Perri Klass, MD, Medical Director, ROR National Center

Date

*If any award is granted, it is possible that all or a portion of the funding was provided by a grant from the U.S. Department of Education Fund for the Improvement of Education, CFDA # 84215U. By accepting an award from ROR your organization may be subject to an OMB A-133 audit; which as of today's date is for organizations that receive more than \$500,000 in federal grants. Please inform your accounting department of this.*

## LETTER OF SUPPORT

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- 16)\* **A letter of support must be submitted with your application.** This letter must clearly state your senior leadership's commitment, financially and otherwise, to sustain the Reach Out and Read Program. The support letter must be signed by the Medical Director and/or Executive Director of your organization, and must be type-written on **your organization's letterhead**. For a sample letter of support, visit [http://www.reachoutandread.org/filerepository/ROR\\_sample\\_letter\\_of\\_support.pdf](http://www.reachoutandread.org/filerepository/ROR_sample_letter_of_support.pdf).

You may submit your letter of support:

**By uploading:**

Click [here](#) to upload a copy of your letter directly to the National Center.

**By email, as an attachment:**

[startup@reachoutandread.org](mailto:startup@reachoutandread.org)

**By Fax:**

617-455-0601

**By mail:**

Attn: National Programs Assistant  
Reach Out and Read National Center  
56 Roland Street, Suite 100D  
Boston, MA 02129

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I hereby certify that all the information submitted in this Program Application is based upon the most accurate data available at this time.

Name:\*

Please type your name here exactly as you would sign an official document

\* = required

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Save your changes and close this application without submitting: [SAVE & CLOSE](#)

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