



Nonprofit Grant Book Program Application

This program is designed to help nonprofit or tax-exempt community organizations that don't have funds to buy **What To Do For Health** books at the full retail rate.

Nonprofit organizations that want to participate in the Nonprofit Grant Book Program need to submit this application form. Please be sure to answer all sections completely; incomplete applications will not be reviewed. **Limit: 1000 books per order. If you require more books, please call to discuss: 800.434.4633.**

Organizations awarded books through the Nonprofit Grant Book Program will pay \$5 for each book plus shipping and handling, and applicable sales taxes for those organizations located within the state of California. Books purchased through this program must not be resold. Teacher Training Manuals may not be purchased through this program.

The Institute for Healthcare Advancement will review each application and respond within 7 days.

Date	Name of Organization	Federal EIN or TIN (Required)	
Address			
City	State	Zip (No PO Boxes)	
Telephone Number	Contact Person		
Fax Number	Email address		

Nonprofit Grant Book Program Application (continue)

Briefly describe your organization (include organization's name and mission)

Who are you giving the books to?

How will you distribute the books (Workshops, program, health fair, give-away)?

NOTE: Nonprofit organizations that get books under this program may be asked to submit a brief summary report to IHA stating how the books were distributed and giving feedback from the families receiving the books or the noticeable impact on the results of their program.

Nonprofit Grant Book Program Application (continue)

Please indicate the quantity of the book(s) you wish to purchase.

Title	Quantity English	Quantity Spanish	Quantity Chinese	Quantity Vietnamese	Quantity Korean
What To Do When Your Child Gets Sick					
What To Do When Your Child Is Heavy			NA	NA	NA
What To Do For Senior Health			NA		NA
What To Do When You're Having a Baby			NA	NA	NA
What To Do For Healthy Teeth			NA	NA	NA
What To Do For Your Teen's Health			NA	NA	NA
What To Do When Your Child Has Asthma			NA	NA	NA

Signature**Title****Date**

NOTE: In the event you do not have a digital signature, you can still submit this form for Grant approval/processing.

IHA Approval

Signature**Title****Date****SUBMIT**