



Community Grant Application Cover Sheet

Organization:

Contact Person Name:

Contact Person Title:

Mailing Address:

(post office box or street address, city, state, zip code)

Other Contact Information:

(phone, fax, email)

Name and Qualifications of Persons Executing the Project. if Different than Organization Staff:

Organization Mission and Goals:

Brief History of Organization

Authorized Representative's Signature:

Title (if different than Contact Person):

Project Narrative:

What is the need to be addressed? How will the need be met? What is the timetable for the project?

Project goals and objectives:

Describe desired outcomes, who/how many people will benefit?

Describe how this project fits into the Foundation's grant-making priorities (see guidelines):

Project Evaluation Measures:

What will you look at to determine whether your project is successful and how will you report your findings to the Foundation?

BUDGET

Complete Project Budget (Show Project Income and Expense) For This Project

Income:

List Sources

Expense:

Labor

Supplies

Travel

Other (Detail)

Total Project Cost: \$ _____

Amount Requested from BCCF: \$ _____

Details regarding other committed sources of funding for the remainder of the Project (list any other funds available towards the Project. indicate 'received' or 'pending'):

If applicable, how will the program be funded in the future?