**2024-2025 BCF MINI-GRANT APPLICATION**

**Submission via email to** [bcfcoordinator@gmail.com](mailto:bcfcoordinator@gmail.com) **by 5:00pm October 31st, 2024**

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| --- | --- | --- | --- |
| **DATE SUBMITTED** | | **PROJECT/GRANT NAME** | |
|  | |  | |
| **Lead Applicant Information** | | |
| **SUBMITTED BY (Agency)** | | **ADDRESS OF SUBMITTING PARTY** | |
|  | |  | |
| **SUBMITTED BY (Primary Contact)** | | **E-MAIL OF SUBMITTING PARTY** | |
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| **Collaborative Partner Information**  **\*minimum of 2\*** | | |
| **BCF Collaborative Partner** | | | **BCF Collaborative Partner** |
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| **BCF Collaborative Partner** | | | **BCF Collaborative Partner** |
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1. **PROJECT DESCRIPTION**

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| 1. STATEMENT OF PROBLEM TO BE ADDRESSED |  |
| 1. HOW THIS FURTHERS THE MISSION OF THE BCF |  |
| 1. OVERALL PROJECT GOAL |  |
| 1. TARGET POPULATION |  |
| 1. PROJECT DURATION |  |
| 1. KEY STAFF |  |

1. **GOALS & OBJECTIVES**

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1. **SUCCESS CRITERIA & MEASURABLE OUTCOMES**

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1. **TIMELINE**

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| ACTIVITY | PROJECTED DATE |
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1. **BUDGET**

**BUDGET OVERVIEW**

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| **ANNUAL PROJECT BUDGET AMOUNT** | **BCF MINI-GRANT AWARD PERCENTAGE OF BUDGET** |
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| **ANTICIPATED USE OF ANCILLARY FUNDS**  **(Grant Writing or Marketing)** | **TARGET DATE FOR ANCILLARY FUND USE** |
|  |  |
| **COLLABORATIVE PARTNER FINANCIAL CONTRIBUTIONS**  **(Please identify partner by name)** | **COLLABORATIVE PARTNER IN-KIND CONTRIBUTIONS**  **(Please identify partner by name)** |
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**LONG-TERM SOURCES / STRATEGIES FOR FUNDING**

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1. **PROJECT EVALUATION METHODS**

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1. **PROJECT SUPPORTS THAT MAY BE PROVIDED BY OTHER BCF MEMBERS**

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1. **APPENDIX**

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| FILE NAME | DESCRIPTION | LOCATION attachment / link |
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**REMINDER: The deadline for applications is 5:00pm on October 31, 2023. Applications that are received after this deadline or applications that do not meet the mini-grant required parameters will not be eligible for consideration. Please direct inquiries to bcfcoordinator@gmail.com.**

I hereby state that the information contained in this application is true and correct to the best of my knowledge.

LEAD MEMBER:       DATE:

printed name signature

PARTNER:       DATE:

printed name signature

PARTNER:       DATE:

printed name signature

REVIEWED: DATE:

BCF Executive Committee Representative