



BAPTIST COMMUNITY MINISTRIES TRANSOM GRANT LETTER OF INTENT

Contact Us | Help | Exit

1 Before You Begin | 2 Organization | 3 Contact | 4 Project | 5 Funding | 6 Budget | 7 Review My Application

You can review the information you've provided so far and make necessary modifications here. If you're satisfied with the contents of the application, click Submit to forward your application for consideration. If you're not ready to submit your application yet, click Save & Finish Later.

Before You Begin

Printer Friendly Version | E-mail Draft

* Required before final submission

Helpful Tips

- Review BCM Guidelines before completing this application.[<http://bcm.org/transom-grants>]
- You may log into your account at [https://www.GrantRequest.com/SID_2349?SA=AM] to access saved and submitted requests.
- Copy and paste text as needed.
- Limit your use of bullets and other formatting.
- Add mail@grantapplication.com to your safe senders list to ensure you receive all system communications.

Organization

* Required before final submission

Application (Organization Information)

* Legal Organization Name

* Organization Name

Other name (s) your Organization is known by

* Preferred Mailing Address

* City

* State/Province

* Zip Code

* Tax ID Number

* Phone Number

Mission Statement



Word count 0 of 150

* What is the Total Organization Annual Budget?

Typically, this will be based on the most recent operating budget approved by the organization's Board.

* Indicate specific parishes project will serve.

- Jefferson Parish Orleans Parish Plaquemines Parish St. Bernard Parish St. Tammany Parish

Board of Trustees

Conflicts of Interest

* Are any BCM Trustees or Grants Committee Advisors on your organization's Board?

Provide the names of any known relationships with BCM staff, Trustees or Grants Committee Advisors.

Provide a one-page list of all members of the Board of Trustees of the applicant organization.

* Attach Board list.

Contact

* Required before final submission

Organization Primary Contact

Title
Executive Director

* Prefix

* First Name
Executive Director

* Last Name
Executive Director

* Office Phone Extension

* E-mail

Project Contact Person

Please check this box if the Request Primary Contact is the same as the Organization Primary Contact

* Prefix

* First Name

* Last Name

* Title

* Office Phone Extension

* E-mail

Project

* Required before final submission

Zone of interest:

* BCM funds projects in four zones of interest: health, education, public safety and governmental oversight. Please select the one zone that best fits your project. Refer to the Grant Application Guidelines for Zone Goal Statements.

Health Education Public Safety Governmental Oversight

Project Budget

* Total amount requesting from BCM 

Total amount you are asking BCM to fund. Must include all years in the Project Time Line. Time Line

* What is the total budget for this project? 

Total cost of the project including all years in the Project Time Line.

Project Info

* Project Title

Word count 0 of 20

BCM considers requests for one to three-years. Please include all years covered in this request.

* Project Start Date

Grant term must span one to three-years.

* Project End Date

Grants term should not exceed three years.

Project Details

Answer the questions below in the space provided. Do Not Repeat the questions in your response. Simply number the opening sentence for each part.

1. Briefly describe the problem or opportunity your project seeks to address.
2. Briefly describe who will most directly benefit from the proposed project.
3. Summarize your organization's plan for how it will address the problem or opportunity described in 1. above.
4. Briefly explain why the plan described in 3. above will work, including how it draws on emerging or proven best practices or offers an alternative innovative approach.
5. Are other organizations currently working on the problem or opportunity stated in 1. above? Outline your project's distinct features, and how it will improve/contribute to the existing field of work.
6. Briefly outline the resources and experience of your organization that will contribute to your project's success.
7. Briefly state the expected measurable impact of the proposed project.

* Letter of Intent

Limit 1200 words.

Word count 0 of 1200

Funding

Required before final submission

List other organizations solicited for this project

1. Organization <input type="text"/>	Amount Requested <input type="text"/>	Date Requested <input type="text"/>	Status Unsuccessful ▼	Approved Amount <input type="text"/>
2. Organization <input type="text"/>	Amount Requested <input type="text"/>	Date Requested <input type="text"/>	Status Unsuccessful ▼	Approved Amount <input type="text"/>
3. Organization Name <input type="text"/>	Amount Requested <input type="text"/>	Date Requested <input type="text"/>	Status Unsuccessful ▼	Approved Amount <input type="text"/>
4. Organization Name <input type="text"/>	Amount Requested <input type="text"/>	Date Requested <input type="text"/>	Status Unsuccessful ▼	Approved Amount <input type="text"/>

Budget

Required before final submission

Project Expenses

Personnel Year 1 <input type="text"/>	Personnel Year 2 <input type="text"/>	Personnel Year 3 <input type="text"/>	Total Personnel 0
Direct Year 1 <input type="text"/>	Direct Year 2 <input type="text"/>	Direct Year 3 <input type="text"/>	Total Direct 0
Indirect Year 1 <input type="text"/>	Indirect Year 2 <input type="text"/>	Indirect Year 3 <input type="text"/>	Total Indirect 0
Consultant Year 1 <input type="text"/>	Consultant Year 2 <input type="text"/>	Consultant Year 3 <input type="text"/>	Total Consultant 0
Equipment Year 1 <input type="text"/>	Equipment Year 2 <input type="text"/>	Equipment Year 3 <input type="text"/>	Total Equipment 0

Project Costs Year 1
0Project Costs Year 2
0Project Costs Year 3
0Total Project Costs
0

Project Revenues

Do not include In-kind in Project Revenues.

BCM Request	BCM Year 1	BCM Year 2	BCM Year 3	BCM Total
Transom				0
1.Organization	Year 1	Year 2	Year 3	Org Total
				0
2.Organization	Year 1	Year 2	Year 3	Org Total
				0
3.Organization	Year 1	Year 2	Year 3	Org Total
				0
4.Organization	Year 1	Year 2	Year 3	Org Total
				0
5.Organization	Year 1	Year 2	Year 3	Org Total
				0
Total	Year 1 Total	Year 2 Total	Year 3 Total	Total Revenue
Total Revenue	0	0	0	0

Save & Finish Later

Submit