



Baptist Community Ministries Discretionary Donation Application

Applicant completes and signs form with attached 501(c)(3) determination letter and e-mails to discretionarydonations@bcm.org or mails to: BCM, Discretionary Donations Program, 400 Poydras St., Suite 2950, New Orleans, LA 70130-3245. Requests are limited to \$5,000 per organization per year.

Applicant Information

Organization Legal Name: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Phone: (____) _____ - _____ E-Mail: _____ Type of Org: _____
Executive Director: _____ EIN: _____ Year Org. Founded: _____
Mission Statement: _____

Grant Request

Amount Requested: _____ If request is for an event, Event Date: _____
Purpose of Grant Request: _____

Disclaimer and Signature

I certify that this grant is solely for the use of the organization named and will be used only for the purpose listed above.

Name: _____ Title: _____

Signature: _____ Date: _____

BCM Office Use Only