



BAPTIST COMMUNITY MINISTRIES  
TRANSOM GRANT LETTER OF INTENT

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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 to Complete Grant Applications

- Review BCM Guidelines before completing this application. [<http://www.bcm.org/grants/open-applications/transom-grants/>]
- Remember to log into your account at [<https://www.GrantRequest.com/Signin.aspx?SA=AM>] to access your saved application.
- 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

Organization Information

\* Organization Legal Name

\* Organization Name

Other Names your Organization known by

\* Mailing Address

\* City

\* State/Province

\* Zip Code

\* Employer Identification Number (EIN)

\* Phone Number

\* Faith-based Affiliation

- Baptist  Other Christian  Other Faith-based  Nonfaith-based

Mission Statement for the Organization

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\* What is the Total Organization Annual Budget? ⓘ

Based on the most recent operating budget approved by the organization's Board.

\* Indicate the specific parishes the 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?

- Select One -

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.

Limit One Page Only

 

**Contact**

**Organization Primary Contact**

\* Prefix

- Select One -

\* First Name

Executive Director

\* Last Name

Executive Director

\* E-mail

\* Phone

**Project Contact Person**

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

\* Prefix

- Select One -

\* First Name

\* Last Name

Title

\* E-mail

\* Phone

**Project**

**Grant Type**

- \* Grant Type  
 Start-Up    Program    Planning    Research    Other

**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.

\* 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    
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\* Project Description    
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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.   
 \* Term in Months  (12,24, or 36 months)

**Project Details**

Answer the questions below in the space provided. Do Not Repeat the questions. Number your responses.

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 question one.
4. Briefly explain why the plan described in question three above will work, including how it draws on emerging or proven best practices or offers an alternative innovative approach.
5. Are there other organizations currently working on the problem or opportunity stated in question one 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

1200 word Limit.

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### Funding

List other organizations solicited for this project

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

### Budget

Budget should include the full costs of the project not just the portion requested from BCM.

#### Project Expenses

Personnel Year 1 <input type="text"/>	Personnel Year 2 <input type="text"/>	Personnel Year 3 <input type="text"/>	Total Personnel Costs 0.00
Direct Year 1 <input type="text"/>	Direct Year 2 <input type="text"/>	Direct Year 3 <input type="text"/>	Total Direct Costs 0.00
Indirect Year 1 <input type="text"/>	Indirect Year 2 <input type="text"/>	Indirect Year 3 <input type="text"/>	Total Indirect Costs 0.00
Consultant Year 1 <input type="text"/>	Consultant Year 2 <input type="text"/>	Consultant Year 3 <input type="text"/>	Total Consultant 0.00
Equipment Year 1 <input type="text"/>	Equipment Year 2 <input type="text"/>	Equipment Year 3 <input type="text"/>	Total Equipment 0.00

Project Costs Year 1 0.00	Project Costs Year 2 0.00	Project Costs Year 3 0.00	<b>Total Costs</b> 0.00
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**Project Revenues**

Do not include In-kind in Project Revenues.

Transom BCM Request	Year 1	Year 2	Year 3	<b>BCM Total</b>
				0.00
1. Organization Name	Year 1	Year 2	Year 3	Organization Total
				0.00
2. Organization Name	Year 1	Year 2	Year 3	Organization Total
				0.00
3. Organization Name	Year 1	Year 2	Year 3	Organization Total
				0.00
4. Organization Name	Year 1	Year 2	Year 3	Organization Total
				0.00
5. Organization Name	Year 1	Year 2	Year 3	Organization Total
				0.00
<b>Total</b> Project Revenue	<b>Total Revenue</b> 0.00	<b>Total Revenue</b> 0.00	<b>Total Revenue</b> 0.00	<b>Total Revenue</b> 0.00

Save and Cancel Submit

Sample