

# Letter of Intent (LOI) Submission Guide

This guide will give you an **OVERVIEW** of how to navigate the Applicant Portal and instructions for completing and submitting your LOI.

#### Welcome and Eligibility

| BAPTIST COMMUNITY MINISTRIES<br>TRANSOM GRANT LETTER OF INTENT   |
|--|
| Welcome and<br>Eligibility         2 Organization         3 Contact         4 Program/Project         5 Attachments         6 Review My Application  |
| Welcome and Eligibility       Printer Friendly Version   E-mail Draft         * Required before final submission       Welcome to Baptist Community Ministries Online Application Portal   |
| <ul> <li>Baptist Community Ministries' online grant application process is designed to make applying for grants easier and more time efficient for nonprofit organizations. Applications must align with at least one of the following focus areas:</li> <li>Health: A healthy community provides its citizens an environment that creates a state of positive physical, mental, spiritual, and social well-being and not merely the absence of disease or infirmity.</li> <li>Education: A healthy community provides learning opportunities for all of its residents to develop the cognitive, vocational, social, and emotional skills necessary to be successful in college, work, and life.</li> <li>Public Safety: A healthy community provides for a balanced approach to crime prevention and management, including effective interventions and behavioral controls working in cooperation with efficient, effective and coordinated justice system agencies.</li> </ul> |
| Please review BCM Guidelines before completing this application.<br>Your organization must reside in Orleans, Jefferson, St. Tammany, St. Bernard or Plaquemines Parish.   |
| <ul> <li>Minimum grant size is \$50,000 PER YEAR</li> <li>Grant term is restricted to one to three years</li> <li>Capital projects for an organization, such as construction or purchases of major equipment, or General operating support, often referred to as an unrestricted grant, are ineligible for funding.</li> </ul>   |
| <ul> <li>Organization must be classified as one of the following:</li> <li>Tax-exempt 501 (c)(3) organizations (Excluding churches and 509(a) private foundations)</li> <li>Governmental entities (Section 170(c)(1))</li> <li>State colleges and universities (Section 511(a)(2)(B))</li> </ul>   |
| Review BCM LOI Guide (click here) for assistance in completing the LOI form or navigating the online portal.<br>Note: Add mail@grantapplication.com to your safe senders list to ensure you receive all system communications.   |
| Save & Finish Later Next   |

□ The link will take you directly to the LOI form. The Welcome and Eligibility page will give you information related to BCM's focus areas and eligibility requirements.

□ Review then click **Next.** 



## Letter of Intent (LOI) Submission Guide

#### Welcome and Eligibility

| Organization Information  |   |
|---|---|
| <ul> <li>Organization Legal Name</li> </ul>   |   |
| <ul> <li>Organization Name</li> </ul>   |   |
| AKA, DBA or other names organization is kno   | wn by.  |
| <ul> <li>Mailing Address</li> </ul>   |   |
| * Citv  | State/Province Zip Code   |
|   | LA v  |
| Phone Number  |   |
| Employer Identification Number (EIN)  |   |
|   |   |
| Please select your organizations Faith<br>Baptist Other Christian Other I   |   |
|   |   |
| What is your organization's mission ar<br><u>Guidance</u> : Mission is what you do, and vision  | nd vision?<br>is the end state you wish to achieve. The best mission and vision statements are short and clear. Describe how your mission gives you focus and guides your   |
| actions and decisions.  | 4   |
|   |   |
|   |   |
| Word count 0 of 100   |   |
| * What is the Total Organization Annual<br><u>Guidance:</u> Indicate the total annual budget for  | Budget?  Budget approved by the organization's board.   |
|   |   |
| <ul> <li>Organizational Budget<br/><u>Guidance:</u> Please upload the most recent boa</li> </ul>  | rd approved organizational operating budget for the current year.   |
| Choose File No file chosen  |   |
|   |   |
| * Other Funding Sources   |   |
| Guidance: Please upload all other sources of<br>Choose File No file chosen  | funding solicited for this program/project Include organization name, date and amount requested along with the status of the request.   |
| Upload  |   |
| Board of Trustees   |   |
| * Are any BCM Trustees or Grants Comm<br>- Select One   | nittee Advisors on your organization's Board?   |
| If so, provide the names of any knowr   | n relationships with BCM staff, Trustees or Grants Committee Advisors.  |
|   |   |
| Provide a one page list of all members  | s of the Board of Trustees of the applicant organization.   |
| Provide a one-page list of all members  | or the board or inustees of the applicant organization.   |
| <ul> <li>Attach Board list.</li> <li>Be sure to list each board member, their BCM<br/>organizations mission and or the program/pro<br/>Choose File</li> <li>No file chosen</li> </ul> | t affiliation, place of employment, position and a brief summary of their duties including their unique skillset and experience as related to advancing your<br>sject goals for which you are seeking funding for. Limit document to no more than one page. |
| 8   |   |
|   | Save & Finish Later Next  |
|   |   |

- □ Organization Information complete all fields
- □ **Board of Trustees** answer question related to BCM Trustees or Committee Advisors on your board of directors and upload your current board list.
- Click Next or Save & Finish Later if you need to come back to complete the rest later.
  - See next page section 2a of guide for directions on how to save and finish later.



#### How to Save & Finish Later



Click Save & Finish Later – this will take you to BCM's Application Portal.

If you are a new user to our online system you will need to create your account, see steps below.
 If you are a returning user, please login with your email address and password.

| Please Sign In  If you have an account, please log in using your E-mail Address and First time applicants, please use the "New Applicant" link found below E-mail Password   |   | New users should click  |
|--|---|---|
| New Applicant<br>Login   | Forgot Password?  | New Applicant to set<br>up account.   |
| New Applicant?<br>An account allows you to access your saved and submitted applications at any time. It<br>also allows us to send you a submission confirmation e-mail and notify you if additional<br>information is necessary to process your application.<br>E-mail | passwor   | ng users enter your email and<br>rd to access the Portal.<br>o not remember your password,<br><b>rgot Password.</b> |
| Confirm E-mail Password (must contain at least 5 characters, with both letters and numbers) Confirm Password Confirm Password Return to login  | click <b>Continue</b> . You will re<br>that your account has be | ail address and a password,<br>eceive a confirmation email<br>en created.<br>e to login to the Portal in the        |

□ How to log back into the BCM's online Application Portal

• Please click <u>https://www.GrantRequest.com/SID\_2349?SA=AM</u> to sign into Portal and to access your saved and submitted application and reporting requirements along with any additional information BCM may require to process your application or report.



#### Contacts

|   | Contact                              |   |
|---|--------------------------------------|---|
| * Required before final submission  |                                      | Printer Friendly Version   E-mail Draft |
| Organization Primary Contact  |                                      |   |
| <u>Guidance:</u> This should be the person responsible for the execution of a | greements and an official signatory. |   |
| * Prefix<br>- Select One - V  |                                      |   |
| * First Name * Last Name  |                                      |   |
| * E-mail  |                                      |   |
| * Phone   |                                      |   |
| Program/Project Contact Person  |                                      |   |
| Please check this box if the Project Contact is the same as the Organiza      | ation Primary Contact                |   |
| * Prefix<br>- Select One - V  |                                      |   |
| * First Name * Last Name  |                                      |   |
| Title   |                                      | I.                                      |
| × E-mail  |                                      |   |
| * Phone   |                                      |   |
|   | Save & Finish Later Next             |   |
|   |                                      |   |

□ **Contacts** – Enter one or both primary contacts for the organization and the program/project.

Click Next or Save & Finish Later if you need to come back to complete the rest later.



### Completing the Program/Project Section – Focus Area

| cus Area   |  |   | Select                                     |
|--|--|---|--|
| 3CM has three strategic focus areas, please select the   | e strategic focus area that best aligns with your  | program/project as requested in this  | Select                                     |
| proposal.<br><u>Suidance:</u> Refer to the Grant Application Guidelines for more in<br>Select  | formation on the Foundation's strategic focus areas.   |   | Health<br>Education<br>Public Safe         |
| must be used for that program/project. Typically program. <ul> <li>Start-up grant: A start-up grant helps a new organizz<br/>programs without worrying constantly about raising mone</li> <li>Planning grant: If your organization is planning a ma</li> </ul> | /project grants are given to support the program/project<br>tion or program in its first few years. The idea is to give<br>y.<br>jor new program, you may need to spend a good deal of | plicit objectives and a predetermined cost. A Program/Project is a r<br>t related to the mission of the nonprofit receiving the money.<br>the new effort a strong push forward, so it can devote its energy e<br>f time and money just figuring out what it will look like. Before you<br>the field, or conduct other planning activities. A planning grant sup | early on to setting up<br>can even write a |

**Type of Support:** Please select the type of support you are requesting.

Completing the Program/Project Section – Program/Project Budget

| Program/Project Budget   |
|--|
| * What is the Total Grant Amount Requested?<br><u>Guidance:</u> Indicate the total amount you are requesting for the program/project you propose. The minimum request amount is \$50,000 per year. For multi-year grants, each year must be a minimum of<br>\$50,000.  |
| Example -If you are requesting a 24-month grant, the total amount requested must be a minimum of \$100,000.  |
| * What is the total budget for this program/project?<br><u>Guidance:</u> Total cost of the program/project. Requested amount should cover entire program/project time line.  |
| * Program/Project Budget<br>Guidance: Please upload a line-item budget the budget must cover entire grant period for the total amount requested from BCM. If your organization is invited to submit a full proposal, the total amount must<br>match the total amount requested in LOI.<br>Choose File No file chosen |
|  |

Amount RequestedTotal Program/Project budget



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# LOI Submission Guide

| Completing the Program | /Project Section — Pr | rogram/Project Information  |
|------------------------|-----------------------|-----------------------------|
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| Program/Project Information   |
|---|
| In your answers, be brief, but specific. Stronger LOI's will be those which:  |
| <ul> <li>Clearly and specifically articulate the problem which the program/project will address—in a local context (broad issues like poverty or literacy or violence in the United State is too general a problem identification context)</li> <li>Describe who will benefit from the effort (the more specific your target demographic is, the clearer it is to us that your target is a well-defined)</li> <li>Outline how the project will be implemented. The plan should be clear and directly address the identified problem as experienced by the target population for the effort</li> <li>Summarize the qualifications or experience the applicant has in addressing the problem, working with the target population, and conducting similar or related work</li> <li>Describe the anticipated impact of the project, in terms that can be measured in a full proposal</li> </ul> |
| What is the title of this project or program?<br><u>Guidance</u> ; Provide only the title for the project or program for which you are requesting funding. (15-word count)  |
| Word count 0 of 15  |
| Project Description <u>Guidance:</u> Provide a brief description of the project for which you seek support, including the overall purpose of the project and how it relates to at least one of the Foundation's strategic focus areas. (50-word count)  |
| Word count 0 of 50  |
| 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) (grant term should not exceed three years)   |
| I. Briefly describe the challenge, problem, or opportunity you seek to address during the requested grant period?<br><u>Guidance</u> : State the challenge, problem or opportunity you are trying to address in clear terms as it is experienced by the community (described as people or places) which is affected. Please include any existing data sources or if your organization is relying on existing measuring instruments. You may also be able to use observations and reports by others, or in some cases, self-reported behaviors. (250-word count)   |
| Word count 0 of 250   |
| <ul> <li>2. Describe who will benefit most directly from the proposed program/project?<br/><u>Guidance</u>: Who are the people and places that will most directly benefit from this program/project. (250-word count).</li> </ul>   |
| Word count 0 of 250   |
| 3. Indicate in a results statement, the changes in behavior or condition you expect your participants to achieve. Include both the number of participants you plan to serve and the number that you predict will achieve the result(s).<br>Guidance: Please note the difference between the number of persons to be served versus the number of participants who will achieve the desired result. The number to achieve the result should be smaller than the number to be served.  |
| Structure your result statements like this: Of the (note # of participants) we serve, (note # of persons served) will (list change in behavior or condition) by (specific date). (50-word count)  |
| Examples:   |
| Education: "Of the 200 students participating, 80% will show improved time management and study skills, increased engagement in learning, and improvement in two core subjects by May 30, 2025."<br>Health: "Of the 100 people enrolled in our healthy eating and exercise program, 75% will complete 100% of the classes by June 2023 and at least 50% of those people will demonstrate new skills in cooking<br>health meals or new exercise habits by December 2023."<br>Public Safety: "Of the 300 formerly incarcerated individuals we serve, 65% will obtain and sustain stable housing and employment and will not have any arrests or parole violations for at least two years<br>following release from incarceration, by December 31, 2024."  |
| 4. Briefly describe your organization's plan, for which you are seeking funding for and how it will address the challenge, problem, or opportunity. Include how the plan draws on emerging or proven best practices or offers an alternative innovative approach.<br>Guidance: What are the objectives and the timeline for completion of the activities related to the objectives? Please include any existing data sources or if your organization is relying on existing evidence of success. You may also be able to use observations and reports by others, or in some cases, self-reported successes. (250-word count)  |
| Word count 0 of 250   |



Completing the Program/Project Section – Program/Project Information, CONTD

| Program/Project Information   |  |
|---|--|
|   |  |
| Yes v   | orking to address the challenge, problem or opportunity for which you are seeking funding for?   |
| If yes, please list other organizations.  |  |
|   | •  |
| 6. Do you intend to partner with any other organizations<br>Select v  | to improve/contribute to the existing field of work?   |
| If yes, briefly describe how you will engage with partner<br><u>Guidance:</u> If you are invited to submit a full proposal, as a part of th   | organizations.<br>he application requirements, you will be required to upload any letters of support from potential partners listed. (150-word count)  |
|   | ram offerings and/or staffing and how it will improve/contribute to the program/project's success.<br>ion/staff and how that will contribute to your project's success (250-word count)  |
| Word count 0 of 250   |  |
| 8. Briefly state the expected measurable impact of the pr<br><u>Guidance:</u> Include the changes expected to occur, who will experien<br>count)  | roposed program/project.<br>nce those changes (target populations) and how your organization will track success to report progress (activities or indicators). (250-would be a constructed of the second |
| Word count 0 of 250   |  |
| <ol> <li>Please include any other relevant information that you v<br/>proposal you will have the opportunity to describe your pro<br/>eligibility to be invited to submit a full proposal.</li> </ol> | would like to share with BCM staff that is related to this letter of inquiry? If your organization is invited to submit a fu<br>ogram/project and what you are requesting funding for in more detail. This letter of inquiry is used to determine  |
|   | *  |
| Word count 0 of 150   |  |
|   | Save & Finish Later Next   |
|   |  |

□ Please complete all questions

Click Next or Save & Finish Later if you need to come back to complete the rest later.



|  | Attachments Printer Friendly Version   E-mail Dra  |
|--|--|
|  |  |
| er Relevant Information:   |  |
| er Relevant Information:   |  |
| Design in the second seco | with black has a sub-solution of the second state of the interview of the terms of term |
| ent Program/Project Evaluation: If a   | vailable, please upload the evaluation of the program for what your organization is proposing to BCM for funding.  |
| ent Program/Project Evaluation: If a   | vailable, please upload the evaluation of the program for what your organization is proposing to BCM for funding.  |
| ent Program/Project Evaluation: If a   | vailable, please upload the evaluation of the program for what your organization is proposing to BCM for funding.  |
|  |  |
|  | vailable, please upload the evaluation of the program for what your organization is proposing to BCM for funding.<br>combined is 25 MB. Please note that files with certain extensions (such as "exe", "com", "vbs", or "bat") cannot be uploaded.   |
| maximum size for all attachments c   |  |
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On the **Attachments** tab, upload the following:

• Recent Program/Project Evaluation: If available, please upload the evaluation of the program for what your organization is proposing to BCM for funding.

Click Save & Finish Later or Review & Submit if you are ready to submit the LOI.

Completing the Program/Project Section – Review and Submit

**Review & Submit:** The system will show you the entire LOI and if there any errors that need correcting.

□ If there are any errors the system will display those at the top of the page in red text. Correct errors and click Update, then Submit.

□ If no errors, click **Submit**.

*Note, once your LOI has been submitted you will receive confirmation and be able to access the submitted LOI in the applicant Portal..* 

Submit