




Application Submission Guide

If you have been invited to submit a full application by BCM, you can either use the link in the invitation email you received or go to BCM's Grantee Portal to login https://www.GrantRequest.com/SID_2349?SA=AM

Welcome & Overview



BAPTIST COMMUNITY MINISTRIES

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Welcome & Overview

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Welcome to Baptist Community Ministries Online Application Portal

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 one of the following focus areas:

- 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.
- 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.
- 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.

Review BCM Portal and Application Guide ([click here](#)) for assistance in completing the application form or navigating the online portal.

Note: Add mail@grantapplication.com to your safe senders list to ensure you receive all system communications.

Organization

Organization Legal Name
Application Test Org P,io

Organization Name
AKA, DBA or other names organization is known by.
Application Test Org P,io

Employer Identification Number (EIN)
560690140

LOI Summary

Project Start Date
10/1/2022

Project End Date
9/1/2023

Type of Support Requested?
Program

What is the title of this project or program?
title of this project or program

Summary of Proposed Project:
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.

Total Amount Requested
50000

Total Organizational Annual Budget
500000

Total Budget for this program/project
250000

Save & Finish Later

Next

- The first page of the application displays information as submitted on the LOI. This information cannot be changed without contacting BCM staff.
- Please review and click **Next**

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Proposal Details

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Proposal Details

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All fields with * are required

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Challenge Problem or Opportunity

1. In your LOI you described the challenge, problem or opportunity you seek to address during the requested grant period (see below). If you need to change the description from the LOI, please make any changes as needed in this section.

Guidance: Address the specific nature and scope of the challenge, problem or opportunity including how the need was identified and how the program/project will address that need.

Word count 0 of 250

As submitted in LOI
challenge, problem, or opportunity you seek to address during the requested grant period

2. Provide evidence or data that supports your organization's decision to address this problem or opportunity.

Guidance: This may include data on community needs, community or regional demographics, evaluations of similar programs, best practices local and/or national etc..

3. Below is the results statement you submitted with your LOI. Please make any necessary updates.

Guidance: In a results statement you should indicate 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 anticipated result(s). Please identify the differences between the number of persons to be served versus the number of participants who will achieve the desired results. In most cases, the number of persons achieving the results will be smaller than the number to be served. If your proposed work is focused on policy change, you results statement should include types of policies to be developed, approved and/or implemented.

Of the _____ (note # of participants) we serve, _____ (note # of persons served) will _____ (list change in behavior or condition) by _____ (specific date).

Implementation Plan

4. Outline your organization's implementation plan for addressing the problem or opportunity as described in Question 1 for the stated grant period. The plan should provide details on activities, objectives, timeline, and intended result. Also, indicate the persons/positions responsible for the major activities under each objective.

Guidance: Your project should reflect a coherent strategy to achieve the expected results with types of activities and timeline for each included in this section. Be sure to include how much time participants are expected to spend on each activity and over what period of time (e.g. six weeks over the school year). You will be expected to report on participation and results for each activity.

5. How will you measure the change in behavior and condition for your participants? What will you do to confirm that change has happened?

Guidance: Explain how you will confirm that participant changes happened. Keep it as simple as possible and look to methods that are low effort and low cost. You may use existing data sources or rely on existing measuring instruments. You may also be able to use observations and reports by others, or in some cases, self-reported behaviors combined with other types of data.

6. Describe who will most directly benefit from the proposed program/project, be as specific as possible.

☐ 62 Plus
☐ Ages 0-4
☐ Ages 13-18
☐ Ages 19-24
☐ Ages 25-61
☐ Ages 5-12
☐ All of the Above

☐ BCM Parishes
☐ Jefferson Parish
☐ Orleans Parish
☐ Plaquemines Parish
☐ St. Bernard Parish
☐ St. Tammany Parish

Methodology

7. Explain why the proposed plan will work, including how it draws on emerging or proven best practices or offers an alternative innovative approach.

Guidance: Describe how the project was developed, including review of relevant best practices and/or evidence-based models, rationale for alternative approaches applicable to the problem, opportunity and target population. Alternative innovative approaches should include a clear rationale for its application to the challenge, problem or opportunity and target population.

8. How does the approach above incorporate proven best practice or offers an innovative approach to address the challenge, problem, or opportunity?

Guidance: When applicable upload research or evidence to support your approach.

Save & Finish Later

Next

- Question one asks you to review the challenge, problem, or opportunity your organization seeks to address as submitted on your LOI. Below question one you will see what was originally submitted.
- Please make changes as needed.
- Question three shows your results statement as submitted on LOI, please make changes as needed.
- Complete all remaining questions.
- Once complete, click **Next**



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Focus Area/Results Overview

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Results Overview

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Results

Below is the focus area you selected for your LOI. Please go to the corresponding tab to complete the results for that focus area. (i.e., if you selected Health on your LOI, please go to Health tab to complete that information). Please note that you cannot change your focus area from what is listed below.

After you enter your results for the selected Focus Area, please continue to the Capacity, Collaboration & Sustainability tab.

Focus Area as stated in LOI

Education ← Focus Area selected on LOI

Save & Finish Later | Next

Focus Area/Results Overview

- Based on the Focus Area your organization selected on the LOI, you will be required to enter anticipated results within the program areas of the focus selected.
- At the top you will see Health, Education and Public Safety. Click on the tab that corresponds with the Focus Area noted on this overview page. (Or click next to move to the correct tab on the application.)
- *Note: Please contact BCM staff if you have questions about the focus area listed above.*



Application Submission Guide

Health Results

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Health

You will see questions in the following sections below about the numbers of participants who will achieve different types of outcomes, numbers of other activities planned, and if applicable, questions about the results for policy work.

Program Areas are listed in red under each major category.

Select at least one and no more than three program areas that are included in your grant request. It is unlikely that you will have targets for all the bullets.

Chronic Disease

Program Areas: Cancer Diabetes Cardiovascular Disease Obesity Other

* Total Number of Individuals enrolled

* Total Number of Individuals served

* Number of Individuals that increase their awareness of services and/or supports

* Number of Individuals that enroll in and begin new services or supports

* Number of Individuals that stabilize or improve symptoms for themselves and/or their family on a short-term basis

* Number of Individuals that stabilize or improve symptoms for themselves and/or their family on a long-term basis

* Number of Individuals whose immediate economic, social, or physical needs are addressed

* Number of Individuals who build new skills and capacities

* Number of Individuals that make healthy choices in social and economic situations

* If you selected Other, please describe.

Maternal and Child Health

Program Areas: Breastfeeding promotion/support Doula/Midwifery services Maternity care practice improvement Other

Behavioral Health

Program Areas: Trauma Informed Interventions Clinical Mental Health Services Suicide Prevention Other Intellectual/Developmental Disabilities Supports

Health and Human Services

Program Areas: Mentoring Transitional Housing Supports Food Insecurity Services Other

Case Management/Community Health Worker supports

- Program Areas are listed in red under each major category.
- Select at least **one** and no more than **three** program areas that are included in your grant request.
- Enter the number of participants who will achieve different types of outcomes, number of other activities planned, and if applicable, questions about the results for policy work.
- Numbers served may vary based on program area.
- It is unlikely that you will have targets for all the items with an *.
- Once complete, click **Next**

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Education Results

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Education

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Education

You will see questions in the following sections below about the numbers of participants who will achieve different types of outcomes, numbers of other activities planned, and if applicable, questions about the results for policy work.

Program Areas are listed in red under each major category.

Select at least one and no more than three program areas that are included in your grant request. It is unlikely that you will have targets for all the bullets.

Early Care and Education

Program Areas: Early Learning (Kindergarten readiness, Literacy)Enrichment (Arts & STEM, etc.)Parent/Caregiver Engagement

Training and/or Workforce/Professional Development

* Total Number of individuals enrolled

* Total Number of individuals served

* Number of children who reach developmental milestones

* Number of parents/caregivers who participate in engagement activities

* Number of staff who participate in professional development

* Number of staff who received certification

* Number of childcare centers that increased retention or decreased turnover

* Number of childcare centers that increase their quality rating

* Number of nonprofits that pilot best practices

Pre-K12 Academics

Program Areas: Literacy, ELL, STEMMentoringLeadership Training and/or Professional DevelopmentParent/Caregiver Engagement

Out of School Time Programs (e.g. afterschool, summer, etc.)

Program Areas: Enrichment (Arts, STEM, Sports, Dance, etc.)Youth Leadership DevelopmentMentoringLeadership Training and/or Professional Development

Academic Enrichment and Tutoring

Vocational Education and Enrichment

Program Areas: Career Technical EducationWorkforce DevelopmentEntrepreneurship

College Readiness

Program Areas: College Access & PersistenceLeadership Training and/or Professional Development

Policy Change/Public Education

Program Areas: Policy ChangePublic EducationOther

Other

Program Areas: Other

- Program Areas are listed in red under each major category.
- Select at least **one** and no more than **three** program areas that are included in your grant request.
- Enter the number of participants who will achieve different types of outcomes, number of other activities planned, and if applicable, questions about the results for policy work.
- Numbers served may vary based on program area.
- It is unlikely that you will have targets for all the items with an *.
- Once complete, click **Next**



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Public Safety Results

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Public Safety

You will see questions in the following sections below about the numbers of participants who will achieve different types of outcomes, numbers of other activities planned, and if applicable, questions about the results for policy work.

Program Areas are listed in **red** under each major category.

Select at least one and no more than three program areas that are included in your grant request. It is unlikely that you will have targets for all the bullets.

Juvenile Justice/Youth

Program Areas:

Diversion Legal Support Homelessness/Housing Workforce Development/Employment/Training Mental/Behavioral Health Mentorship

Re-entry Substance Abuse Specialty Courts Other

* Total Number of individuals enrolled

* Total Number of individuals served

* Number of people who obtain stable housing

* Number of people that demonstrate new occupational skills or educational credentials

* Number of people who avoid interaction with the justice system

* Number of people who avoid incarceration

* Number of people connected to behavioral health services or support

* Number of people who obtain living wage job

* If you selected Other, please describe.

Criminal Justice/Adults

Program Areas:

Diversion Legal Support Workforce Development/Employment/Training Re-entry Veteran Support Homelessness/Housing Specialty Courts

Mental/Behavioral Health Substance Abuse Other

Victim/Survivor Support

Program Areas:

Victim Support Survivor Support Other

Violence Prevention

Program Areas:

Violence Prevention Other

Advocacy

Program Areas:

System Accountability Governmental Oversight Other

- Program Areas are listed in red under each major category.
- Select at least **one** and no more than **three** program areas that are included in your grant request.
- Enter the number of participants who will achieve different types of outcomes, number of other activities planned, and if applicable, questions about the results for policy work.
- Numbers served may vary based on program area.
- It is unlikely that you will have targets for all the items with an *.
- Once complete, click **Next**



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Capacity, Collaboration & Sustainability

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Organizational Capacity and Collaboration

1. Describe your organization's track record for projects or programs that are most like the project or program for which you seek our support?
Guidance: Please describe the organization's track record over the past three years that relate to this project or program. This can include leadership accomplishments.

2. Who will lead this program/project?
Guidance: Explain why the project leader is qualified to achieve the results you seek. If the success of this project is dependent on a person's training or education, be sure to explain the relevance.

Sustainability

3. What steps will you take to support the financial sustainability of the program/project?
Guidance: Sustainability may come in the form of cost efficiencies, additional revenue generation, and/or a strong history of fundraising including a solid fund raising plan moving forward.

From LOI Submitted:
Do you intend to partner with any other organizations to improve/contribute to the existing field of work?
Yes

From LOI Submitted:
If yes, briefly describe how you will engage with partner organizations.
briefly describe how you will engage with partner organizations

As submitted on LOI

4. Did you engage with partners and collaborators critical to your success? What have they provided or what will they provide to the program/project to help participants achieve the anticipated results?
Guidance: Describe how partner organizations will work with you on this project and what each partner committed to provide to ensure your success. Please upload letters of support from the partners and collaborators.

5. What other types of partners or collaborators are still needed for your participants to achieve the results you specified?
Guidance: If you are dependent upon others outside your organization to help participants achieve the success you anticipate, but don't yet have partnerships or collaborations in place, please describe the types of partnerships needed and how you will secure them

Save & Finish Later

Next

Please answer all questions.

- Question four and five refer to information submitted on LOI. In these two questions you are asked for more details on how you plan to engage with partner organizations and what other partners may be critical to your success.
- Once complete, click **Next**

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Verification

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Verification

I, THE UNDERSIGNED, HEREBY CERTIFY as follows:
That I am the duly-designated, authorized and acting representative of the named applicant organization;
That this application has been authorized and approved by the governing board of the applicant organization;
That I have personally examined the contents hereof, including the responses to questions, assurances, and all appended documents (specifically including, but not necessarily limited to, audit reports and tax returns), and I have determined all to be true and correct to the best of my knowledge and belief.

Check this box to indicate the Board Representative (signing authority if governmental entity or school) has verified the information provided.
☐
Board Representative NameBoard Representative TitleBoard Representative Email

Check this box to indicate the President/Executive Director/CEO has verified the information provided.
☐
President Name/Executive Director/CEO NameTitleEmail

Save & Finish LaterNext

Verification

- Check box to verify information being submitted has been verified by board member
- Please enter the Board Representative name, title and email
- Check box to verify information being submitted has been verified by President/ED/CEO
- Please enter the President/ED/CEO name, title and email
- Click **Next**

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Attachments

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REQUIRED ATTACHMENTS

- Grant Budget and Narrative in your own format: the grant budget details how funds from BCM will be allocated.
- Most recent Audited Financial Statements of the Organization
- Most recent tax return (usually Form 990) of the Organization
- Updated Organizational Budget: if requested by BCM Program Director

OPTIONAL ATTACHMENTS

- Other relevant information

Upload

The maximum size for all attachments combined is 25 MB. Please note that files with certain extensions (such as ".exe", ".com", ".vbs", or ".bat") cannot be uploaded.

Title: Most recent Audited Financial Statements of the Organization(Required) ▾

File Name: No file chosen

Most recent Audited Financial Statements of the Organization(Required)

Grant Budget and Narrative(Required)

Most recent tax return (usually Form 990) of the organization(Required)

Other Relevant Information

Updated Organizational Budget

- Please upload the required attachments by selecting the appropriate title, choose file and click upload. You may also upload any other relevant information that may help BCM in reviewing your application.
- After all attachments have been uploaded, you can click **review and submit** or **save and finish later** if you need to come back to add more information prior to submission. Once the application has been submitted, you can no longer make changes without contacting BCM staff.

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Review and Submit

Review & Submit: The system will show you the entire application 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 application has been submitted you will receive confirmation and be able to access the submitted application along with your LOI in the applicant Portal.

Submit

Thank You! Your application has been submitted.

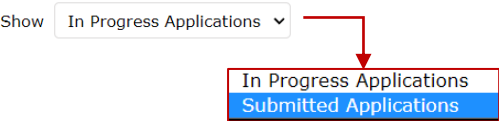
Applications Requirements

Applications

Welcome to your "My Application Page." This is the area where you will manage your work.

1. Select in progress or submitted in the drop down.
2. If you select submitted, you can only view the applications that you have submitted.
3. If you select in progress, you will be able to continue working on your application.
4. To delete an application, simply select the garbage can next to it.

- In the applicant portal, click the dropdown to show submitted applications to see what you have submitted to BCM.



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How to Save & Finish Later

Save & Finish Later

Next

- 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 Password.
- First time applicants, please use the "New Applicant" link found below.

E-mail Password

[New Applicant](#) [Forgot Password?](#)

- New users should click **New Applicant** to set up account.

New Applicant?

An account allows you to access your saved and submitted applications at any time. It also allows us to send you a submission confirmation e-mail and notify you if additional information is necessary to process your application.

E-mail

Confirm E-mail

Password (must contain at least 5 characters, with both letters and numbers)

Confirm Password

[Return to login](#)

- Returning users enter your email and password to access the Portal.
- If you do not remember your password, click **Forgot Password**.

- First time users enter email address and a password, click **Continue**. You will receive a confirmation email that your account has been created.
- This will be what you use to login to the Portal in the future.

How to log back into the BCM’s online Application Portal

- Please click https://www.GrantRequest.com/SID_2349?SA=AM 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.