



BROOKLYN COMMUNITY FOUNDATION

HEALTHY COMMUNITIES INITIATIVE 2015

COMMUNITY GRANT FUND GUIDELINES APPLICATION

Due: Tuesday, July 21, 2015 at 4pm

Please answer the following questions regarding your organization's plans if awarded funds for the Healthy Communities initiative in your neighborhood. Note that only completed forms will be accepted. You will be contacted by a Community Grant Committee member if any applicable spaces are left blank.

Applicant information			
Organization		Project Name	
Contact Name		Contact Email	
Contact Phone		Year Founded:	
Years in Operation:		Neighborhood served	
Founding Year		Grant Cycle	June 2015
Street Address:		City:	
State, Zip Code:		Organization/Program Website URL (if applicable):	
# Employees Include all volunteers used at organization for this grant cycle # Volunteers Include all volunteers used at organization for this grant cycle		Project Name 501(c)(3) or fiscally sponsored? If fiscally sponsored, name sponsor organization or other fiscal agent	Choose an item.
Ethnicities Served		Ages Served: 5-11 12-15 16-24 25-54	Choose an item.
Operating Budget (2015)		Project Budget (2015)	

I certify that the information contained in this application is true and accurate to the best of my knowledge.

Signature:

Typing your name above and sending from email address is acceptable as an electronic signature.

Project Description

1. Please describe your vision & relevant accomplishments. (240 total word limit) *Include qualitative information such as quotations or quantitative data such as statistics or surveys.*

2. How will this grant help you address the identified community needs? (240 word limit)

3. How many people will benefit from this project? (25 word limit)

4. How will you ensure that the success of your project continues beyond this funding period? (240 word limit)

5. How will you conduct outreach to get residents involved with your project? How will you engage them? (240 word limit)

6. What other organizations or institutions are you partnering with to implement your project?
(100 word limit)

7. What are the staffing requirements for this project? Will you use the full time staff, volunteers, or both? (100 word limit)

8. How will you document and measure the success of your project? (100 word limit)

Project Budget

1. How much money are you requesting? *Provide dollar amount here* (100 word limit)
2. What is the total cost to implement your project? Please fill in budget template attached and add all planned expenses. Your budget should not exceed the total cost of the project. *Provide estimated or exact dollar amounts.*
3. What other sources of funding do you have in place? (100 word limit)
4. Do you have other sources of funding to implement your project? If so, please identify them. (100 word limit)
5. If you answered yes to question 4, in the case that you do not raise funds, what is your contingency plan? (100 word limit)
6. Please provide any additional information that is relevant to your application and project. You are not required to fill in this part of the application. (100 word limit)

Budget Template

Granted Year Project Budget		
REVENUE		AMOUNT
Brooklyn Community Foundation Support		
TOTAL		\$
EXPENSES	ITEM	AMOUNT
Expense 1		
Expense 2		
Expense 3		
Expense 4		
Expense 5		
Expense 6		
Expense 7		
Expense 8		
Expense 9		
Expense 10		
Expense 11		
Expense 12		
Expense 13		
TOTAL		\$