



Bloomington Crime Prevention Association
P.O. Box #201803
Bloomington, MN 55420-6803

**PLEASE NOTE:
Grants must be submitted on
this form, in this format, to be
eligible for consideration!**

2018 BCPA Grant Application

The purpose of the Bloomington Crime Prevention Association is to provide financial assistance to Bloomington community members who engage in crime prevention activity. Grants will be awarded in November, 2018.

Has your organization received Prior BCPA grants? YES _____ NO _____

Submit completed application electronically to: tsieve@isd271.org **no later than September 14, 2018.**

Or send to: Tamra Sieve
2575 W. 88th St.
Bloomington, MN 55431

Date: _____

Name of Organization: _____

Address: _____

Phone: _____ Web Site: _____

Name of Staff Executive: _____ Title: _____

Phone: _____ Email Address: _____

Name of Contact Person: _____ Title: _____

Phone: _____ Email Address: _____

Is your organization an IRS 501(c) 3 not-for-profit? YES NO

If no, is your agency a public agency/government? YES NO

If no, check with funder for details on using fiscal agents and list name and address of fiscal agent:

Name: _____ EIN # _____

Address: _____ City: _____ State: _____ Zip: _____

1. ORGANIZATION INFORMATION

Provide background on your organization:

State your organization's mission and goals:

Summarize your organization's history:

Describe the organization's current programs and activities:

2. CRIME PREVENTION PROPOSAL INFORMATION

NEED. Identify the specific problem to be addressed and the needs to be met by the project. What unique services would the Bloomington Community be deprived of if you do not undertake this project?

GOAL. Crime Prevention program or project goal. Describe the specific goal(s) and overall impact of the project or program as it relates to the Bloomington Community.

DESCRIPTION: Describe your crime prevention program/project including whom within the Bloomington Community that the project will serve, and how the activities and strategies will enable you to address the problem or need. Is this a new or continuing program/project?

3. CRIME PREVENTION PROGRAM/PROJECT OUTCOMES

Describe the specific outcomes and how it will reduce or prevent crime. How will you measure the outcome?

OUTCOME #1

How will it **reduce** or **prevent crime**?

Measurement:

OUTCOME #2

How will it **impact** the **Bloomington** Community?

Measurement:

PROJECT TIME FRAME. Over what period of time will the funds be utilized? _____

UTILIZATION. Please provide the number of individuals to benefit from the funds. _____

HOW WILL FUNDS BE SPENT?

PROGRAM/PROJECT BUDGET

Total project budget:

Dollar amount requested:

Minimum amount needed to accomplish project goal(s):

IF full funding of your grant is not possible, is the program or project still feasible?
Describe:

NOTE: All Grant Recipients must complete the BCPA Grant Report Form at the end of each Grant Cycle. If you are a current grant recipient, the Grant Report Form for your previous grant award must be submitted on or before 9/14/18 to be considered for the current 2018 round of funding.

