



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!**

**2017 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, 2017.

Has your organization received Prior BCPA grants? YES \_\_\_\_\_ NO \_\_\_\_\_

Submit completed application electronically to: [alocke@isd271.org](mailto:alocke@isd271.org) **no later than September 15, 2017.**

Or send to: Alex Locke  
2575 W. 88<sup>th</sup> 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 9/15/17 to be considered for the current 2017 round of funding.

**BCPA GRANT REPORT FORM FROM PREVIOUS YEAR (2016)**

DATE: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

PROGRAM/PROJECT: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

***Please respond to all of the following questions. Attempt to limit your total narrative to approximately 3-5 lines.***

1. Did you meet the program/project outcomes you described in your proposal? (Provide Details)
  
  
  
  
  
  
  
  
  
  
2. What impact did the grant have on the community? Your staff?
  
  
  
  
  
  
  
  
  
  
3. What, if anything, transpired that was unexpected?
  
  
  
  
  
  
  
  
  
  
4. Are there things you would do differently in utilizing the grant?
  
  
  
  
  
  
  
  
  
  
5. If the grant involved collaboration with other organizations, please comment on its effect on the project?
  
  
  
  
  
  
  
  
  
  
6. Number of individuals impacted by the grant. \_\_\_\_\_

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**Complete and mail by September 15, 2017 to: [alocke@isd271.org](mailto:alocke@isd271.org) OR Alex Locke / 2575 W. 88<sup>th</sup> St./Bloomington, MN 55431**