



Bloomington Crime Prevention Association
 P.O. Box #201803
 Bloomington, MN 55420-6803
 Phone: 952-220-2537



2016 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, 2016.)

Has your organization received prior BCPA grants? YES NO

Submit electronically to: chuttner@isd271.org **no later than September 16, 2016**

Or send 5 copies to: Carol Huttner
 9600 Third Avenue South
 Bloomington, MN 55420

Date: _____

Name of Organization: _____

Address: _____

Phone: _____ Fax: _____ 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: _____

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:_____

PROPOSAL INFORMATION

Project, program and operating funds requests:

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

PROGRAM/PROJECT GOAL. Describe the goals and overall impact of the project or program.

PROGRAM/PROJECT DESCRIPTION: Describe your program/project including who 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?

PROGRAM/PROJECT OUTCOMES

Describe the 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 reduce or prevent crime? _____

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 annual organization budget:

Total project budget:

Dollar amount requested:

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 9/16/16 to be considered for the current 2016 round of funding.

BCPA GRANT REPORT FORM FROM PREVIOUS YEAR

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. _____

Complete and mail to: chuttner@isd271.org OR Carol Huttner / 9600 Third Avenue South/Bloomington, MN 55420