

Being for Others Project Grants Cycle 3

2026 Project Grant Cycle 3 Application

1

Below are the sections you must complete for the application to be accepted by us. You can complete sections in whatever order you decide.

Project Overview

Project Title*

Summary of the proposed project.*

Tell us about the project this grant would support. If your request is part of a larger effort, also include a brief description of the full project.

See our website for a detailed description of our grant priority pillars: <https://www.beingforothers.org/grants/pillars>

Select the BFO Pillar that best aligns with your project.*

 

Describe how your project aligns with the pillar selected above.*

Describe evidence and data that supports the need for your project.*

Being for Others Project Grants Cycle 3

2026 Project Grant Cycle 3 Application

2

Supporting Data Upload

You can add 2 more uploads.

Describe the population(s) served by your project and include an estimated number of people impacted.*

Select all counties where your project will have meaningful engagement — not just potential reach.*

Select all that apply.

☐ Crawford

☐ Daviess

☐ Dubois

☐ Martin

☐ Orange

☐ Perry

☐ Pike

☐ Spencer

Which county will most directly benefit from the project? *

▼

Will this project be in competition with services provided by Deaconess Memorial Medical Center?*

☐ Yes

☐ No

Explain below how this project could/ will compete with services provided by Deaconess Memorial Medical Center.*

Project Implementation Details

Provide a bulleted list of key activities and dates related to your project.*

Being for Others Project Grants Cycle 3

2026 Project Grant Cycle 3 Application

3

Provide a bulleted list of goals for your project (1-5 bullets).*

Focus on the most important outcomes you hope to achieve. You do not need to list five goals if fewer are appropriate for your project.

Provide a bulleted list describing how you will measure success (max of 5).*

Each measure of success should correspond to a project goal listed above and describe how you will evaluate progress or achievement of that goal.

Describe any partners your organization will work with to execute the project.*

Financial Details

Total Project Budget*

\$		USD
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Upload an excel or PDF file that outlines the total project budget.*

Be sure to show all project expenses including those covered by other funding sources.

com...	
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Amount Requested from BFO Grant*

If you have funding from other sources, this number should be the total project budget minus all other funding sources.

\$		USD
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Number has to be 40000 or lower.

Being for Others Project Grants Cycle 3

2026 Project Grant Cycle 3 Application

Total funding from other sources secured or pending for this project.*

\$

USD

Other Funding Sources

List each funding source other than BFO that you are planning for this project.

Funding Source	Currency	Secured or Pending
	\$0	
	\$0	
	\$0	
	\$0	
	\$0	
	\$0	
	\$0	
	\$0	
	\$0	
TOTAL	=SUM(B1:B9)	

Refer Other Funding Sources for CSV.

Are you interested in being considered for partial funding if your project cannot be fully funded?*

Yes

No

Has your organization received BFO funding before?*

Yes

No

Sustainability

Will the project continue after completion of this BFO grant? *

Being for Others Project Grants Cycle 3

2026 Project Grant Cycle 3 Application

5

Yes

No

What are your plans to sustain the project financially after completion of the grant?*

What future goals do you have for the project?*

Please explain why this project will not be continued beyond the grant.*

Attachments & Certification

Organizational Status*

Non-profit

Governmental Entity

School

Upload your organization's most recent Statement of Financial Position (Balance Sheet).*

com...

Upload your organization's Statement of Activities (Income Statement / Profit & Loss Statement).*

com...

Upload your organization's most recent IRS Form 990.*

If your organization does not have a Form 990, upload your IRS Determination Letter.

Being for Others Project Grants Cycle 3

2026 Project Grant Cycle 3 Application

6

com...

Upload documentation verifying your organization's tax-exempt status.*

Government entities and schools may upload a Governmental Information Letter or other official documentation demonstrating status.

com...

Upload current Board of Directors list.*

com...

Upload other documents for our consideration.

Examples: Letters of support, additional data, impact stories, etc.

com...

You can add 9 more uploads.

Authorized individual signing below

First Name*

Last Name*

Role or Title*

Email Address*

Phone Number*

You can add 1 more contacts.

Your signature certifies that the information provided on this application is true and accurate*