

Application

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

Application

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

Crawford Daviess Dubois Martin Orange Perry Pike Spencer

Which county will most directly benefit from the project? *

Select... ▾

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. *

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

Supporting Data Upload

com...

You can add 2 more uploads.

Project Implementation Details

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

Provide a bulleted list of goals for your project (max of 5).*

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

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.

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

\$		USD
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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	\$0.00	

Refer Other Funding Sources for CSV.

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

Yes	No
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Has your organization received BFO funding before?*

Yes	No
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What year(s) did you receive a BFO grant?*

Sustainability

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

Yes	No
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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 & Certifications

Upload any letters of support for your project.

You can add 4 more uploads.

Upload any other documents for our consideration.

You can add 4 more uploads.

Authorized individual signing below

First Name*

Last Name*

Application

Role or Title*

Email Address*

Phone Number*

You can add 0 more contacts.

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