

# 2026 Project Grant Cycle 2 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 the population(s) served by your project and include an estimated number of people impacted.\*

# 2026 Project Grant Cycle 2 Application

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? \*

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.\*

# 2026 Project Grant Cycle 2 Application

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
----	--	-----

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...	
--------	--

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
----	--	-----

Number has to be 40000 or lower.

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

\$		USD
----	--	-----

# 2026 Project Grant Cycle 2 Application

## 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? \*

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\*

<input type="radio"/> Non-profit	<input type="radio"/> Governmental Entity	<input type="radio"/> School
----------------------------------	---	------------------------------

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

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

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

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

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.

Upload current Board of Directors list\*

# 2026 Project Grant Cycle 2 Application

Upload other documents for our consideration  
Examples: Letters of support, additional data, impact stories, etc.

You can add 9 more uploads.

Authorized individual signing below

First Name\*

Last Name\*

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\*