Application

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

Organizational Overview

Provide a brief description of your organization and services provided.

Project Overview

Project Title*

Summary of the proposed project and outcomes.*

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: www.beingforothers.org/grants

Select the Being for Others Health and Wellness Foundation grant pillar(s) that your project aligns with*

Select the pillars that best align with your project (max of 5).

(Access to Comprehensive Healthcare)   (Mental Health and Substance Use Support)   (Healthy Living and Chronic Disease Prevention)

(Transportation and Connectivity)   (Early Childhood and Family Support)   (Housing and Economic Stability)

(Social and Civic Engagement)   (Community Safety and Violence Prevention)

Application

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

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

What counties within the BFO region will be impacted by your project?*

Select all that apply.

(Crawford) (Daviess) (Dubois) (Martin) (Orange) (Perry) (Pike) (Spencer)

Will this project be in competition with services provided by Memorial Hospital and Health Care Center? *

Yes	No

Explain below how this project could/ will compete with services provided by Memorial Hospital and Health Care Center.*

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

Supporting Data Upload

Choose File	

You can add 2 more uploads.

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Project Implementation Details

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

Think bulleted to-do list to accomplish your project. What are the major milestones?

What are the goals of your project and how will you measure success?*

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

Financial Details

Upload an excel or PDF file that outlines the total project budget including the items below*

Be sure to show project expenses and funding from ALL sources. Please indicate whether each funding source is secured or unsecured.

| Choose File | |

Total Project Budget*

$ | | USD

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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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)	

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

$		USD

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

Application

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

Upload any letters of support for your project

Choose File	

You can add 9 more uploads.

Upload any other documents for our consideration

Choose File	

You can add 9 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*