# FY 2025-26: Spring BCCF Competitive Grant Application

*Battle Creek Community Foundation*

## *Organization Questions*

### Organization Mission Statement*

***This area will be automatically populated if your organization's mission statement is in Candid. Please update as needed to ensure accuracy.*** *If you are not a 501(c)3 public charity, please list your group/initiative's mission.*

*Character Limit: 500*

### Fiscal Year Start*

***This area will be automatically populated by Candid. If blank or incorrect, please list the start date of your organization or group's current fiscal year.***

*Character Limit: 250*

### BCCF Outstanding Grant Reports*

Grants from the Battle Creek Community Foundation (BCCF) are for a year in length, and may have a grant report assigned for completion at the end of the grant period. All grant reports that are due should be completed in order to be considered for future funding. If you are applying for funding to support a program or project that is currently in an active grant period (funded within the past 12 months), you may be asked to complete your grant report early. Organizations with multiple outstanding reports may not be permitted to move their application forward in BCCF's grant round.

If you have questions on whether or not your organization has outstanding reports, or if reports need to be assigned to another individual in your organization for completion, please contact the BCCF grants team for assistance (grantinfo@bccfoundation.org).

By checking "I agree" below, you acknowledge that, at the time of submission of this grant, all outstanding grant reports for your organization are completed.

#### Choices

I agree

# *Program Information*

## Project Title*

***Please provide a title for the project for which you are seeking funding. Note: We recommend that your organization's name not be included in this field unless necessary.***

*Character Limit: 100*

## Service Area*

***Which area will benefit from your grant activities? Note: The Greater Battle Creek area includes Bedford, Emmett, & Pennfield Townships, Cities of Battle Creek and Springfield.***
***To see what initiatives BCCF funds on a county-wide level, please visit our website.***

### Choices

Greater Battle Creek Area
Calhoun County Wide, including Greater Battle Creek

## How does your program align with at least one of BCCF's focus areas?*

***BCCF's Focus areas are Livable Communities, Health, and Education. To learn more about our focus areas, please visit our website.***

*Character Limit: 500*

## Proposed Project Start Date*

***The potential date the project will begin. This date should be after BCCF's planned award date for the general grant round. Awarded funds can only be used to support projects after funds are received.***

*Character Limit: 10*

## Executive Project Summary*

***Please briefly summarize the project in 3-5 sentences, highlighting its objectives, target population and expected outcomes. If helpful, imagine this section as an elevator pitch to BCCF's grant review committee members, the general public, or fund advisors.***

*Character Limit: 800*

## Project Description*

***Please provide a detailed description of the grant project, including its purpose, activities, timeline and anticipated impact. Consider the "who", "what", "when", "where" and "how".***

*Character Limit: 2000*

## Project Need*

***Please outline "why" this project is important for the broader community. Include relevant statistics. List community priority areas that are addressed through the project. For data and information on community priorities, please visit the MiCalhoun website.***

*Character Limit: 1500*

## Community Impact*

***What do you believe will be the impact of this project on our community?***

*Character Limit: 1000*

## Target Population to be Served through the Project*

***Please select all that apply.***

### Choices

Ethnic minority (Black, Indigenous, Latine, etc.)
Homeless
Immigrant and/or Refugee
LGBTQIA+
Low-income
Persons with disabilities
Senior/elderly
Youth (ages 0 to 18)
General Public
None of the above

## Target Population Narrative*

***Please provide more detail regarding the intended targeted population for the project, including the number of people you expect to impact, specific age ranges you intend to serve (e.g. youth aged 0-5, seniors aged 65+, young adults aged 19-25), etc.***

*Character Limit: 500*

## Target Population Outreach*

***How will you reach your target population and how do you plan to publicize/promote your project? (Please select all that apply)***

### Choices

Announcements to groups
Brochures & flyers
Counselors & teachers
Membership networks
Organization newsletter
Press releases & media
Social media & e-news
Website
Existing program audience
Community events
Word of mouth
Local radio/TV
School & workplace partnerships
Email campaigns
Public bulletin boards
Faith-based organizations
Libraries & community centers
Youth groups & clubs

Text alerts & mobile outreach
Nonprofit & service agency partners
Other

### Target Population Outreach (Other)

***If you selected "other" in the question above, please explain.***

*Character Limit: 250*

## *Collaborations/Partnerships*

### Collaborations*

***Please list your partners/collaborators on this project. If there are other organizations in the community doing similar work, have you, or are you planning to engage them on this project? Why or why not?***

*Character Limit: 1500*

## *Evaluation*

### Evaluation and Success Metricts

***How will you evaluate the proposed outcomes of your project? (Please select only those you will be implementing)***

#### Choices

Participant, parent, teacher, or community surveys
Focus groups & interviews
Testimonials & success stories
Pre- and post-assessments
Test scores, grades, or skill improvements
Graduation or program completion rates
Job, college, or internship placement
Attendance & retention rates
Volunteer hours logged
Social media or community engagement
Direct observation of program impact
Changes in behavior (e.g., attendance, discipline, well-being)
Comparing results to similar programs
Looking at long-term trends in key outcomes
Other

### Evaluation and Success Metrics (Other)

***If you selected "other" in the question above, please explain.***

*Character Limit: 250*

# *Financials*

## Total Project/Program Cost*

***Please list the total cost for the entire project/program. This cost may be more than what you are requesting BCCF to support.***

*Character Limit: 20*

## BCCF Request Amount*

***Of the total cost, please list the dollar amount you are requesting BCCF to support.***

*Character Limit: 20*

## BCCF Funding Request Detail*

***Please list the specific expenses that BCCF grant funds would support and the amounts. The total should match the BCCF Request Amount. Include details that show how the budget was calculated and what you will purchase.***

***BCCF recognizes the importance of supporting indirect expenses and has established an indirect cost rate for all programmatic grants. Up to 15% of your organization's grant request can be used to support indirect expenses. Indirect expenses are those that are necessary for an organization to operate, but are not directly tied to a specific project.***

***For guidance on how to complete this section, please visit our website.***

*Character Limit: 1000*

## Financial Support for Project*

***If the total project budget is greater than the amount requested from BCCF, from what other sources will necessary funds be obtained? (Select all that apply)***

### Choices

Our organization has committed to the additional costs
We have secured additional funding commitments through other grants/sponsorships
We have other grants pending or will seek other grants
We will charge fees
We will hold fundraisers
No additional funds will be secured, as BCCF is the only planned funding source
Other

## Financial Support for Project (Other)

***If you selected other in the question above, or would like to provide further detail on financial support for your program/project, please share below.***

*Character Limit: 500*

## In-Kind/Non-cash contributions*

***Please list the in-kind items and/or services that are expected to support your project, including volunteer time, donations of tangible items, etc. Include the estimated value of these items.***

*Character Limit: 750*

## Project Sustainability*

***How will the project be sustained after the grant period? (Select all that apply)***

### Choices

Budget Allocation – The project will be funded through our annual budget
Program Fees – Participant fees will help cover ongoing costs
Grants & Sponsorships – We'll seek grants, sponsors, and partners for funding
Donor & Community Support – Donations and fundraising will sustain the project
Partnerships – Local partners will provide funding and resources
In-Kind Support – In-kind donations will help reduce costs
This is a one-time project that will not require future funding

## Impact of Partial or No Funding*

***What will your organization do if you do not receive full funding? (Select all that apply)***

### Choices

We will not be able to fund the program
We will delay the start of the program until additional funds can be secured
We will decrease the number of people served
We will decrease the scope of the project
Other

## Impact of Partial or No Funding (Other)

***If you selected "other" in the question above, please explain.***

*Character Limit: 250*

## Project Budget

***Though not required, BCCF encourages uploading a copy of your organization's budget for the request/project. Any format is accepted.***

*File Size Limit: 1 MB*

# *Fiscal Sponsor Information*

## Do you have a Fiscal Sponsor?*

***Note: a Fiscal Sponsor is only necessary when an organization/group is not a 501(c)3 public charity, church or tax-exempt public entity. A Fiscal Sponsor is a 501(c) nonprofit organization that will be financially responsible for grant funding.***

### Choices

Yes
No

# Fiscal Sponsor Additional Information

## Fiscal Sponsor - Organization Name*

*Character Limit: 250*

## Fiscal Sponsorship Agreement*

***If you are not a 501(c)3 public charity, church, or government entity, or are a fiscally sponsored project of Encourage BC!, you must upload a signed Fiscal Sponsorship Agreement that is specific to this request to be considered for funding.*** *Click to download the Fiscal Sponsor Agreement Form.*

*File Size Limit: 1 MB*

# Attachments

## Operation Budget (current fiscal year or planned for your organization's upcoming fiscal year)*

***Upload your organization's current year operation budget. Any format is accepted.***

*File Size Limit: 2 MB*

## Program Brochure/Plan

***Upload your Program Brochure and/or the Program Plan.***

*File Size Limit: 1 MB*

## Letters of Support - Partners/Collaborators

***If your grant is being done in collaboration with, or to benefit another organization, you may upload Letters of Support. Multiple letters should be combined into one pdf document.***

*File Size Limit: 2 MB*

## Additional Document(s)

***Please attach any additional documents that may be helpful for our committees to review (photos, flyers, brochures, video links, etc.).***

*File Size Limit: 2 MB*

# Organization Leadership and Applicant Attestation

## Organization Contact*

***Please provide the name, title, email and phone number of the best contact person for general communications, questions and reporting related to this grant. Please also provide the same information for your organization's CEO/Executive Director/Chairperson if separate from the information provided.***

*Character Limit: 250*

**Applicant Attestation Statement:**

*By submitting this grant, the grant applicant hereby attests that to the best of their knowledge, the information included in this proposal is accurate and complete and is being submitted with the full support of the organization's leadership.*