



BCF PROGRAM GRANT APPLICATION

Must be submitted by April 1st to:
Attention BCF Executive Committee
Center for Community Resources, Inc.
212-214 S. Main St., Suite 625, Butler, PA 16001
Tel: 724-431-0097 Fax: 724-431-0099

BCF MEMBER APPLICANT:

ADDRESS:

CONTACT:

(Responsible for reporting on project)

TEL:

EMAIL:

PARTNERING BCF MEMBER ORGANIZATIONS AND CONTACTS: *(min 2 additional)*

PROJECT NAME:

PROJECT DESCRIPTION: *(must include purpose / mission statement and how it will further the mission of the BCF.)*

PROJECT DURATION: *(one time program or reoccurring)*

PROJECT BUDGET:

annual budget:

percentage (\$. / annual budget)

DOES PROJECT ADDRESS COMMUNITY ASSESSMENT IDENTIFIED NEEDS?

PROJECT SUSTAINABILITY: *(how will this program be funded in the future?)*

COMMITMENT OF OTHER PARTNERING BCF MEMBER AGENCIES:

BCF MMBR:	ACTUAL \$	IN KIND \$
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TOTAL	ACTUAL \$	IN KIND \$

OTHER SUPPORT NEEDED FROM BCF AGENCIES:

I hereby state that the information contained in this application is true and correct to the best of my knowledge.

SUBMITTED BY: _____ DATE: _____
printed name signature

APPROVED: _____ DATE: _____