**BCF PROGRAM MINI-GRANT APPLICATION**

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**AS ONE**

BUTLER

COLLABORATIVE

FOR

FAMILIES

**Submission via email to** bcfcoordinator@gmail.com

**by October 31, 2019**

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**BCF MEMBER LEAD APPLICANT**:

**ADDRESS:**

**CONTACT:**       **TEL:****EMAIL:**

(Responsible for reporting requirements)

**BCF MEMBER COLLABORATIVE PARTNERS:** (*list contacts of minimum 2 additional)*

#

# PROGAM NAME:

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

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

# PROGAM BUDGET:

**Annual** **Budget**:       Percentage (*$*      */ Annual Budget*

# DOES PROGRAM ADDRESS COMMUNITY ASSESSMENT IDENTIFIED GAP?

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

# FINANCIAL COMMITMENT OF COLLABORATIVE BCF MEMBERS:

BCF MEMBER:      ACTUAL $      IN KIND $

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BCF MEMBER:      ACTUAL $      IN KIND $

# TOTAL ACTUAL $      IN KIND $

# SUPPORT NEEDED FROM OTHER BCF MEMBERS:

#

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

LEAD MEMBER:       DATE:

 printed name signature

PARTNER:       DATE:

 printed name signature

PARTNER:       DATE:

 printed name signature

APPROVED: DATE:

Co-Chair Co-Chair