**BCF COVID-19 Program Impact Mini-Grant**

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**AS ONE**

BUTLER

COLLABORATIVE

FOR

FAMILIES

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

**by October 30, 2020**

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**BCF MEMBER APPLICANT**:

**ADDRESS:**

**CONTACT:**       **TEL:****EMAIL:**

(Responsible for reporting requirements)

**COLLABORATIVE PARTNERS:** (*if applicable)*

#

# PROGAM NAME:

**PROGRAM DESCRIPTION:** (*must include purpose / mission statement and overview of program components as well as scope of clientele served)*

**PROGRAM IMPACT DUE TO COVID-19:** (*please explain how your existing program was impacted by COVID-19 and what changes or adaptations were necessary*)

# PROGAM BUDGET:

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

# IN WHAT WAY WILL THE MINI-GRANT POSITIVELY IMPACT YOUR CLIENTELE SERVED?

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

# FINANCIAL COMMITMENT OF COLLABORATIVE BCF MEMBERS (if applicable):

BCF MEMBER:      ACTUAL $      IN KIND $

BCF MEMBER:      ACTUAL $      IN KIND $

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

REVIEWED: DATE:

Co-Chair Co-Chair