



BAPTIST COMMUNITY MINISTRIES
TRANSOM GRANT LETTER OF INTENT
SAMPLE DOCUMENT

Application (Organization Information)

* Legal Organization Name:

Other name(s) your Organization is known by:

*Preferred Mailing Address:

*City: *State/Province: *Zip:

*Tax ID Number: *Phone Number:

*Executive Director:

*Mission Statement:

Application (Project Details)

*1. Please select your zone of interest: Health Education Public Safety Governmental Oversight

*2. What is the name of your project?

*3. Briefly describe the problem or condition you plan to address with BCM funding. (75 Words)

*4. Who will receive the most direct benefit from your project? (75 Words)

5. Provide a brief overview of your project. Include an overall goal and key specific programmatic objectives. (150 Words)

6. Why is your organization best suited to do the work and which partners will help you? (75 Words)

7. What specific impact should we expect as a result of your project? (100 Words)

*Project Start Date

*Project End Date

Month: Year: Month: Year:

*What is your organization's annual budget?

*What is the total budget for this project?

*What is the total amount you are requesting from BCM?

BCM Request Year 1	BCM Request Year 2	BCM Request Year 3	Total

*What other funding has been solicited for this project ?

Organization	Amount Requested	Date Requested	Successful/ Unsuccessful/Pending	Amount Approved/ Received