

# BCF Safety Net Grant Program Application – 2022-2023

You are welcome to use this document for planning purposes or you may complete and email grants@brooklinecommunity.org or mail this application to:

Brookline Community Foundation

c/o Program & Partnerships Team

40 Webster Place

Brookline, MA 02445

**Safety Net Grant Program**

The Safety Net Grant Program supports organizations and community groups with providing, adapting, and/or expanding vital services to the Brookline community. Safety Net Grants can be used to support a wide range of activities related to increasing access to essential services, supporting an organization’s unanticipated operating or program expenses, and/or addressing crises such as fires and pandemics.

In alignment with our organizational vision and funding priorities, as we review proposals, we will give preference to community organizations and groups that:

* Are working to advance equity, including removing barriers to opportunities, meeting the immediate individual needs of those impacted by inequities, and addressing root causes of inequities such as poverty or racism;
* Are led by BIPOC (Black, Indigenous, and People of Color), and;
* Focus on BIPOC and other vulnerable populations.

Please also see our [Safety Net Grant Program page](https://brooklinecommunity.org/bcf-safety-net-grant/) and [grant program FAQ page](https://brooklinecommunity.org/grant-program-faq/) for more information on this grant program.

**Proposal Information**

**Project name\***

*Character Limit: 100*

**Amount requested\***

*Character Limit: 20*

**Description of need and request for support\***

Please answer the following questions in a 1-2 page narrative:

* Describe your need for a Safety Net grant. What problem, issue, or community need are you addressing?
* Describe your program/project, including who and how many will be served by this project.
* Describe the impact of this program/project and how you will define success/impact. In other words, what do you hope to achieve and how will you know you are making progress towards that end?
* What is the total amount requested? How will grant funds be used? What other options or resources are you able or trying to secure for this program/project?

*Character Limit: 10,000*

**Does your organization/group have IRS 501(c)(3) nonprofit status\***

If not, you may still apply through a fiscal sponsor. If you are applying on behalf of a governmental body or agency serving the Town, please select “N/A”

Choices:

* Yes
* No
* N/A

**Fiscal Sponsorship (if applicable)**

Please respond to each question in this section with your fiscal sponsor’s information. If you do not yet have a fiscal sponsor, please contact BCF at grants@brooklinecommunity.org. You may skip this section if this does not apply to your organization.

**Fiscal sponsor organization name**

If you would like assistance in identifying a fiscal sponsor, please indicate that here.

*Character Limit: 250*

**EIN/Tax ID number of fiscal sponsor**

*Character limit: 250*

**Fiscal sponsor contact name and address**

Please include a contact name and address for your fiscal sponsor.

*Character Limit: 1000*

**Please include a letter or written agreement from the fiscal sponsor**

You may attach your own letter/form or you may use the [fiscal sponsor letter](https://brooklinecommunity.org/budget-templates/) or agreement template provided on our website.

*Character Limit: 1000*

**Diversity & Representation**

**Population(s) served\***

Does your organization or project primarily\* serve BIPOC (Black, Indigenous, and People of Color) or other vulnerable populations, which include but are not limited to individuals and or communities who identify as immigrants; women; children; older adults; LGBTQ+; disabled; members of racial, ethnic, religious, and or linguistic minorities; incarcerated or formerly incarcerated, and; those consistently excluded from access to resources and services vital for thriving.

\*50% or more of your population(s) served

Choices:

* Yes
* No
* N/A

**Is your organization/group BIPOC-led\***

For this grant program, an organization or group is considered BIPOC-led if they meet at least one of the following three criteria:

1. The organization/group’s Executive Director, Chief Executive Officer, or Board Chair identifies as BIPOC;
2. 50% or more of the organization’s leadership staff or program directors identify as BIPOC, and/or;
3. 50% or more of board members identify as BIPOC.

Choices:

* Yes
* No
* N/A

**Grant Application Attachments**

If you are submitting your application by email or mail, please be sure to include the following if applicable:

* **Project/program budget** – we will accept your project budget in your own template or you are welcome to use the BCF [project budget template](https://brooklinecommunity.org/budget-templates/).
* **Organizational budget (current year)\*** - we will accept your organization’s budget in your own template/format, or you are welcome to use the BCF [organization budget template](https://brooklinecommunity.org/budget-templates/). *If you have already submitted your organization budget to BCF this year through another grant program application, please type "already submitted" below.*
* **Financial statements (current year)\*** - please attach your organization’s most recently completed annual financial statements (audited, reviewed, compiled, or internal if applicable). Financial statements should include, at a minimum, an income statement (profit and loss) and a balance sheet. *If you are applying on behalf of a governmental body or agency serving the Town, please type N/A below; Town financial statements are not required. If you have already submitted your financial statements to BCF this year through another grant program application, please type "already submitted" below.*
* **Fiscal sponsor letter or written agreement (if applicable)** – you may attach your own letter/form or you may use the [fiscal sponsor letter template](https://brooklinecommunity.org/budget-templates/) or agreement template provided on our website.

**Feedback - Optional**

**Do you have any feedback for BCF on this application?**

Optional: please share any feedback on this application form and process. We will review all feedback received and use common themes to inform updates to our application and process. Thank you for your insight and perspective.

*Character Limit: 10,000*

**How much time did it take you to complete this application?**

Optional: please include an estimate of the amount of time it took to complete this application from start to submission. We are asking this because we want to understand how long this application takes to complete so that we can make improvements as needed to decrease the time applicants spend preparing and submitting applications.

*Character Limit: 500*