

Bloomington Crime Prevention Association  
PO Box 201803  
Bloomington, MN 55420-6803  
Phone: 952-220-2537

**2010 BCPA Grant Application**

*The purpose of the Bloomington Crime Prevention Association is to provide financial assistance to Bloomington community members who engage in crime prevention activity.*

Date of BCPA Grant Report submission<sup>1</sup> (if received prior year BCPA grant): \_\_\_\_\_

Date of 2010 Grant application: \_\_\_\_\_

Submit electronically to: [chuttner@bloomington.k12.mn.us](mailto:chuttner@bloomington.k12.mn.us) **no later than September 3, 2010**

or send 5 copies to: Carol Huttner  
2575 West 88<sup>th</sup> Street  
Bloomington, MN 55431

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Name of organization

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Address

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Phone

Fax

Web site

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Name of staff executive

Title

Phone

E-mail

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Name of contact person

Title

Phone

E-mail

Is your organization an IRS 501(c) (3) not-for-profit? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, is your agency a public agency/gov't? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, check with funder for details on using fiscal agents  
and list name and address of fiscal agent:

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Fiscal agent's EIN#

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### Proposal Information

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Write an executive summary that describes how this grant will help the **Bloomington Crime Prevention Association** achieve our mission which is “*to maintain an active role in reducing and preventing crime in Bloomington*”.

Please include the following:

- Brief description of the project
- Expected outcomes
- Who the project serves and why it is important
- How will the funds be spent

Dollar amount requested: \$ \_\_\_\_\_  
Total annual organization budget: \$ \_\_\_\_\_  
Total project budget: \$ \_\_\_\_\_

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### Organization Information

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**Provide background on your organization:**

- State your mission and goals
- Summarize your organization’s history
- Outline the organization’s current programs and activities
- Highlight recent accomplishments

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### Purpose of Grant

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**Project, program and operating funds requests:**

- **Problem and need.** Identify the problem to be addressed and the needs to be met by the project. What unique services would the community be deprived of if you do not undertake this project?
- **Program/Project Goal.** Describe the goals and overall impact of the project or program.
- **Program/Project.** Describe your program objectives relating to this grant application, activities, strategies, timelines and explain how the grant will enable you to address the problem or need. Is this a new or continuing program/project?
- **Project time frame.** Over what period of time will the funds be utilized?
- **Utilization.** Number of individuals to benefit from funds.

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## Evaluation

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**Outcomes.** Describe the proposed program/project outcomes. What outcomes do you want to produce by the end of the grant period? How do these outcomes support the *mission of BCPA to reduce or prevent crime*?

**Measurements.** Outline your plan to document progress and results. How will you measure expected outcomes and the effectiveness of your activities?

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<sup>1</sup> ALL GRANT RECIPIENTS MUST COMPLETE THE BCPA GRANT REPORT FORM at the end of each Grant Cycle. If you are a current grant recipient, the Grant Report Form for your previous grant award must be submitted on or before Sept. 3<sup>rd</sup> to be considered for current 2010 round of funding.

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**BCPA GRANT REPORT FORM**

Date: \_\_\_\_\_  
Submitted by \_\_\_\_\_  
Program/Project \_\_\_\_\_  
Contact information: e-mail \_\_\_\_\_  
phone \_\_\_\_\_

*Please respond to all of the following questions. Attempt to limit your total narrative to approximately two – three pages.*

1. Did you meet the program/project outcomes you described in your proposal?  
(provide details)
2. What impact did the grant have on the community? Your staff?
3. What, if anything transpired that was unexpected?
4. Are there things you would do differently in utilizing the grant?
5. If the grant involved collaboration with other organizations, please comment on its effect on the project.
6. Number of individuals impacted by the grant.

***Complete and mail to:***

chuttner@bloomington.k12.mn.us

**OR**

Carol Huttner  
2575 West 88th Street  
Bloomington, Mn 55435