



## Grant Application 2024

### GRANT ELIGIBILITY

- Bethany Legacy awards grants to 501(c)(3) not-for-profit organizations, churches, state-accredited schools, and government entities. If your organization does not fall within those guidelines, you may apply with an eligible organization serving as your fiscal sponsor. When using a fiscal sponsor, a formal agreement between the grant applicant and sponsor will be required.
- Grant-funded activities must serve residents of Jefferson County, Indiana. The funded organization does not have to be located in Jefferson County, IN.
- Amenities funded by Bethany Legacy must be available to the general public, not restricted to a limited group(s) (e.g. parks, schools, playgrounds, pools etc.)
- Grant requests should have a direct impact on mental health or substance abuse disorder. We seek proposals that build psychological resiliency and improve mental health and emotional wellness for the youth, adults, or seniors – or all the above. In addition, we also seek proposals with the primary goal of achieving and maintaining recovery from substance abuse.

### PRE-APPLICATION\*\*

\*\*New for 2024, Bethany Legacy will use a pre-application, which will be required to be completed and approved before a full application can be submitted. Answers in the pre-application will carry over into the full application and can be updated as needed.

1. **Organization Type:** Select the type of entity that describes your organization. If you are using a fiscal sponsor, select other.
  - a. 501c3
  - b. Government entity
  - c. Accredited School
  - d. Church
  - e. Other
2. **Other Type of Organization:** If your organization type is not listed above, or if you are using a fiscal sponsor, identify that here.
3. **Project or Program Title:** What is the title of the project or program you are requesting funding for? (Ex: 2025 Operating Expenses, Building Updates, Transportation Van)
4. **Project or Program Summary:** In a few sentences, describe the project or program. Include how the project or program will have a direct impact on mental health and/or substance use disorder among Jefferson County residents.
5. **Requested Amount:** How much funding are you requesting from Bethany Legacy?
6. **Request Summary:** Describe what Bethany Legacy funding will be used for specifically. If the Bethany Legacy request is the same as the project summary, put N/A.
7. **Bethany Legacy Target Areas:** Select the Target Area below that your grant request most closely advances:
  - a. **Strong Youth:** promote social-emotional development, and prevent or address mental health challenges
  - b. **Empowered Adults:** support emotional wellness through prevention, intervention, treatment & education
  - c. **Stable Seniors:** provide seniors care needed to maintain their independence as long as possible
  - d. **Robust Talent Pool:** fuel a strong talent pool of mental health professions needed for goals above

8. **Jefferson County Connection:** Clarify the project or program's relationship to Jefferson County:
  - a. The project occurs in Jefferson County and directly serves Jefferson County residents.
  - b. The project is based outside of Jefferson County but will directly serve Jefferson County residents.
  - c. The project is based outside of Jefferson County and will indirectly serve Jefferson County residents.
9. **Preferred Funding Date:** Describe when you would like or need funding by. This will help Bethany Legacy staff provide guidance on completing the full application. If this is not a time-sensitive request, please clarify that.
10. **Ineligible Activities:** Does the request include funding for lobbying, political campaigns, or conference/event sponsorship? – Y/N
11. **Youth Project:** If this project includes working with minors are your staff and volunteers required to complete background checks? - Y/N/NA

## FULL APPLICATION

A pre-application is required to be completed and approved before a full application can be submitted. Answers from the pre-application are copied and can be updated if needed (\*).

### Request and Timeline

1. **\*Project or Program Title:** What is the title of the project or program you are requesting funding for?
2. **\*Project or Program Summary:** In a few sentences, describe the project or program. Include how the project or program will have a direct impact on mental health and/or substance use disorder among Jefferson County residents.
3. **\*Requested Amount:** How much funding are you requesting from Bethany Legacy?
4. **\*Request Summary:** Describe what Bethany Legacy funding will be used for specifically. If the Bethany Legacy request is the same as the project summary, put N/A.
5. **\*Bethany Legacy Target Area:** Select the 'Target Area' below that your grant request most closely advances: (You may click more than one)
  - a. **Strong Youth** (To promote children's social-emotional development, prevent development of mental health challenges, and address social-emotional problems that currently exist)
  - b. **Empowered Adults** (To provide emotional wellness of individuals through prevention, intervention, treatment and education)
  - c. **Stable Seniors** (To support GOLD seniors to receive the care, physical activity and sense of community they need to maintain their independence at home for as long as possible)
  - d. **Robust Talent Pool** (To fuel a strong pool of talent to fill critical mental health professions needed to succeed in the goals above)
6. **\*Jefferson County Connection:** Clarify the project or program's relationship to Jefferson County:
  - a. The project occurs in Jefferson County and directly serves Jefferson County residents.
  - b. The project is based outside of Jefferson County but will directly serve Jefferson County residents.
  - c. The project is based outside of Jefferson County and will indirectly serve Jefferson County residents.
7. **\* Preferred Funding Date:** Describe when you would like or need funding by. This will help Bethany Legacy staff provide guidance on completing the full application. If this is not a time-sensitive request, please clarify that.
8. **Project Timeline:** When do you expect to start the project? If the project includes construction or an asset purchase, include when the space or asset will be put into use.

### Organization, Collaborators, and Community Engagement

9. **Organization Overview:** Describe your organization, its mission, its service area and what it does for the community.
10. **Key Position or Staff:** Which position(s) in the organization will be involved in the work of this project, and responsible for ensuring it is completed? Clarify if the position(s) is current or will be newly created.

11. **Collaborators:** List any current confirmed partners you have engaged with to accomplish this proposal and describe their role(s), the primary contact, and their email address.  
**Example:** 'Organization X' will co-lead this initiative. Their role will be to provide project coordination and help manage the volunteers.  
Jane Doe - Jane.Doe@organizationx.org
12. **Community Engagement:** Receiving input from the community is an effective way to ensure organizations are providing what community members need. How does your organization involve the people you serve in designing, planning, evaluating, and implementing your work?

## Community Need and Impact

13. **Community or Organizational Need:** Why is this project or program important and needed? Please provide any information and/or data that helps describe how you know it is needed.
14. **Desired Impact:** Describe what success of this project looks like, who will be most impacted (homeless, individuals with disabilities, victims of abuse, veterans, etc.), and how many individuals you intend to directly serve.
15. **Impact Measures:** What specific measures or indicators will you use to know if you achieve the desired impact you describe above? Your answer will be used to create the final report used at the end of your grant. If this is a general operating request, identify how your organization measures and evaluates its success generally.
16. **Project Ramifications:** What are the consequences of this project not occurring?

## Alignment to Bethany Legacy Funding Priorities

Put "N/A" for any that do not apply to your project. Bethany Legacy does not expect projects to include all of the following elements, but projects that have multiple elements will be scored higher than those that have none.

17. **Evidence-Based Practice:** Identify the research or data that demonstrates that the project or program you are proposing will have the impact you desire. This can include academic research, evaluations of other programs, or even your own internal data (e.g. surveys).
18. **Systems Impact Potential:** How does this project create an opportunity for systems change - altering how policies, practices, resources, relationships, and mindsets hold a problem in place?
19. **Prevention:** How does this project focus on prevention rather than intervention?
20. **Innovation:** How does this project represent an innovative approach that challenges the status quo and breaks from previous practices in Jefferson County? Is there an opportunity to pilot/test an idea, theory, or project and then scale?
21. **Service Enhancement:** How will this proposal enhance delivery of mental health services in Jefferson County?

## Budget, Quotes, and Sustainability

22. **Total Project Budget:** What is the total dollar amount/cost of this project or program?
23. **Budget Attachment:** Use the "UPLOAD A FILE" button below to provide a detailed budget for the whole project that outlines all expenses including overhead AND all confirmed and requested sources of income for this project, including the requested funding from Bethany Legacy. (If needed use the templates provided at <https://bethanylegacy.org/budget-templates/>)
24. **Budget Narrative:** If needed, provide a narrative for the attached budget, including explanations of revenues and expenses.
25. **Quote 1 Attachment:** Use the "UPLOAD A FILE" button below to share your first quote. For work that involves vendors, we ask for at least two quotes from different vendors.
26. **Quote 2 Attachment:** Use the "UPLOAD A FILE" button below to share your second quote. For work that involves vendors, we ask for at least two quotes from different vendors.

- 27. Quote Narrative:** If needed, provide a narrative for the attached quotes. Information that could be included in the narrative includes the reason for only having one quote, why the more expensive quote was chosen, or disclosing if a relationship exists between the vendor and applicant.
- 28. Partial or Denied Funding:** If Bethany Legacy awards partial funding or declines this request, what would your next step be?
- 29. Funding Sustainability:** If Bethany Legacy funds this project, how will it continue to be funded after the Bethany Legacy Foundation investment? (Clarify if this is not applicable because the request is a one-time investment with no ongoing costs)

## Conclusion

- 30. Other Information:** What else would you like to share about the request that is not covered in this application?

## Other Attachments

*(This section only allows you to upload one file. If you have multiple files/documents you would like to share with us, please combine them into one file such as a PDF or Word file)*

- 31. Balance Sheet Attachment:** Use the "UPLOAD A FILE" button below to share your organization's most recent balance sheet. This is also called a 'Statement of Financial Position,' which you can typically pull from your accounting system. It should include your organization's assets (what is owned) and liabilities (what is owed).
- 32. Balance Sheet Narrative:** If needed, provide a narrative for the attached balance sheet, including reasons why it's not available to attach.
- 33. Most Recent 990 OR Annual Financial Report Attachment:** Use the "UPLOAD A FILE" button below to share the most recent copy of your 990, 990EZ, or 990-N if you are a nonprofit, or the most recent copy of your Annual Financial Report if you are a government agency.
- 34. 990 or Financial Report Narrative:** If needed, provide a narrative for the attached 990 or Government Financial Report, including why it is not available to attach.
- 35. Other Attachment:** Here you can provide one additional document for your application, using the "UPLOAD A FILE" button below. If you have multiple documents you need to upload, they will need to be combined before uploading.

If a fiscal sponsor is applying for this funding on behalf of an ineligible individual or group, upload the agreement that is or will be in place between the two entities.

If the funding request is for a public space such as a playground or park, please upload a letter of support from an entity representing community voice or community engagement survey results indicating public will.