1. Name of person completing Application.
2. Grant Year is set automatically.
3. Name of Organization, if this does not match your Taxpayer ID, please explain.
4. Point of Contact. Person that we should contact if questions about application, and title or relationship to organization.

5(a). Point of Contact title.

5(b). Point of Contact phone number.

5(c). Point of Contact email address.

6. Select Grant Type: Please select from the drop-down menu.
7. Describe current programming in Barrington Area. Give a brief description of services and needs provided.
8. How many years have you been servicing the Barrington area?
9. Have you ever applied for a BACF grant? If yes, what years?
10. If yes, a short summary of past projects and the status of those projects.
11. Describe how your ability to conduct your current programming has changed in the last 2 years.
12. Name of the program(s)?
13. Amount of the grant request you are requesting?
14. What is your total expected program cost?
15. Indicate geographic area of persons being served by the program.
16. Indicate the number of Barrington RESIDENTS served by your program.
17. You may give some clarifications of Barrington RESIDENTS served, if necessary.
18. How do you determine who will be served by your programming?
19. Total REVENUES for previous calendar year ending 2021.
20. Total EXPENSES for previous calendar year ending 2021.
21. Are there any assets of funds balance (cumulative) for calendar year ending 2021?
22. Any clarifications regarding assets/funds balances.
23. Actual/Estimated EXPENSES for 2022.
24. Total Estimated EXPENSES for2023.
25. Actual/Estimate PROGRAM COSTS for 2022.
26. Total Actual/Estimated REVENUE for 2023.
27. Total Estimated REVENUE for 2023.
28. Cumulative total Assets/Fund Balance at end of 2021 or current fiscal year.
29. Upload Agency Budget. Attachment F.
30. Provide current cash on hand.
31. Total EXPENSES last month.
32. Total REVENUE last month.
33. Clarifications on Total Revenue, Expenses, Net Assets or Fund Balances.
34. Largest source of REVENUE prior to 2023?
35. Please check box regarding most successful past source of revenue.
36. List any new sources of revenue you explored?

37. List all Federal, State or Other Grants you have received in the past year. Also, list those applied for, denied, or pending.
38. List any measures taken to decrease expenses incurred last year for this year?
39. How much total reduction in past expenses will you have achieved this year?
40. How have these reductions changed services?
41. How long will current funds last? How long do you expect current cash on hand to last with current cash inflow and outflow? When will the project run out of funds? Add any clarifications if needed.
42. Contact information of person providing information regarding results/progress of grant.
43. Point of contact email address for audit.
44. Alternate email address in case of personnel changes.
45. Put any comments or clarifications.

Upload any additional documents.

Check box when done editing. Until box is checked your grant is not complete. You can Continue editing this document by logging into your account.