

# Grant Proposal Checklist

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This checklist is provided for your convenience only, to help you ensure that the proposal you mail is complete.

Please do not include this checklist with your proposal.

We regret that incomplete proposals cannot be considered. Send your completed proposal, including all required attachments, to Horizons Foundation by August 22, 2014 (postmarked or delivered by 5:00 p.m.).

All applicants must submit a total of SIX double-sided copies of Items 1-6 on the checklist below (each set stapled once in the upper left corner). (Applicants need only submit a single copy of the IRS statement and the financial statements.) We request the multiple copies so that your proposal can be distributed to the community panelists who review the proposals and make grant recommendations to Horizons' board.

New Requirement: All applicants must submit ONE copy of the application electronically to Horizons in Word format to [grants@horizonsfoundation.org](mailto:grants@horizonsfoundation.org) by 5:00 pm on August 22, 2014. (Do not include the IRS statement and the financial statements.)

Please assemble your proposal in the following order:

- \_\_\_ 1a. **Organization Summary** (this should be the first page of your application, please do not submit the cover pages of the RFP with your proposal)
- \_\_\_ 1b. **Request Summary**
- \_\_\_ 1c. **Demographic Summary** (all applicants please fill out completely)
- \_\_\_ 2. **Proposal Narrative** (no more than three pages, minimum 12-point font)
- \_\_\_ 3. **Update on 2013 Funding** (if applicable)
- \_\_\_ 4a. **Organization Financial Information Sheet** - Required for proposals from both LGBT- and non-LGBT-primary organizations except for art applicants that are not independent organizations (for example, film projects). Also note that this is **not** the budget for your fiscal sponsor (if applicable).
- \_\_\_ 4b. **Project Budget** - Required for proposals from non-LGBT-primary organizations; LGBT-primary organizations with budgets > \$1 million; and arts applicants that are not independent organizations.
- \_\_\_ 5. **Certification of Non-Discrimination** (be sure to sign the form)
- \_\_\_ 6. **List of board members** for your organization (not your fiscal sponsor), including their affiliations
- \_\_\_ 7. **IRS 501(c)(3) determination letter** confirming tax-exempt status for your organization or fiscal sponsor. One copy is sufficient.
- \_\_\_ 8. **Audited financial statement** for your most recent fiscal year (or full financial statement or Form 990, if you do not have an audited statement). One copy is sufficient.
- \_\_\_ 9. **Work Sample (ARTS PROJECTS ONLY)**

*Written works:* Include samples under 10 pages (typewritten and double-sided) with the copies of your proposal.

We do not accept slides.

*Visual or Audio works:* We are not accepting hardcopies of CDs/DVDs this year. We are asking applicants to upload a three to five minutes work sample/clip by creating a YouTube channel (see instructions

below). Please include the link to the YouTube channel in your application. Note that Horizons' community review panel and staff will limit their review of digital content to no more than five minutes of any sample submitted.

Submit your 3 to 5 minute digital work sample by uploading them to YouTube, according to the following instructions. Note that your digital work sample need not be viewable (or searchable) by anyone other than Horizons Foundation. In order to upload, you must have a Google or YouTube account in good standing. If you have a Gmail account, then you have a Google account.

- A) Go to [www.youtube.com](http://www.youtube.com)
- B) Click "upload" next to the search window
- C) If you don't have a channel, it will prompt you to create one. This is where the video will be published.
- D) You will then see a page that says "select files to upload"
- E) **IMPORTANT: If you'd like to keep your video from being visible to the public and searchable by users, select "unlisted" in the privacy drop-down menu. Only those who have a direct link to your video will be able to view it. DO NOT select "private."**
- F) To upload, click on the large arrow icon in the middle of the page, then choose the file on your computer that you want to upload.
- G) Once your video is uploaded, you can add a title and any description you'd like.
- H) Copy the link above the video, and include it in your Horizons application

**DELIVERY:** Mail or deliver your completed proposal with all required attachments to:

Grants  
Horizons Foundation  
550 Montgomery Street, Suite 700  
San Francisco, CA 94111

-And-

Email one copy of your proposal in Word format to [Grants@horizonsfoundation.org](mailto:Grants@horizonsfoundation.org). Please do not include the IRS statement and the financial statements as attachments to the email.

# 1a. Organization Summary

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Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Grant Proposal Contact (if different from above):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is your organization an IRS 501(c)(3) nonprofit?  Yes  No EIN#: \_\_\_\_\_

*If no, please fill out the Fiscal Agent information:*

Fiscal Agent Organization Name: \_\_\_\_\_ EIN#: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web: \_\_\_\_\_

Organization Mission (**50 words or less**): *For arts projects, describe the project and artist (filmmaker, theater group, etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total 2014 Organizational Budget (do not include the budget of your fiscal sponsor, if any): \_\_\_\_\_

Total 2013 Organizational Budget (do not include the budget of your fiscal sponsor, if any): \_\_\_\_\_

# of Staff: \_\_\_\_\_ # of Volunteers: \_\_\_\_\_ 1st Year of Organization's Service: \_\_\_\_\_

# of People Organization Serves Yearly: \_\_\_\_\_

Is your organization: LGBT Primary?  Yes  No People of Color Organization?  Yes  No

# 1b. Request Summary

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Organization Name: \_\_\_\_\_

Project Name (if different from organization name): \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Organization/Project Budget: \$ \_\_\_\_\_

Priority area for which funds are being requested (please check no more than TWO):

- Policy/Advocacy/Systems Change     Securing LGBT Equality     Racial Equity  
 Increasing Giving \*     LBT Health and Empowerment  
 Leadership Development \*\*     LGBT Aging \*\*

\* This priority area applies to LGBT organizations with budgets over \$1 million. No other organizations may apply under this priority.

\*\* You may select one of these priority areas, but please be aware that they are not a focus of the Community Issues grants in 2014 because they are being addressed through other program areas,

Will grant funds be used for general operating costs?     Yes     No

If you are not an LGBT-primary organization or the answer is no, please describe the project for which you are requesting funds in 50 words or less (this is the contract language we will use in your grant agreement if your proposal is funded):

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Populations Served by Program/Organization:

Brief description of the specific population targeted (if any) by the organization/program for which funding is sought (age, gender, ethnicity, etc.) *(for arts projects, describe the audience for the project)*:

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Number of people to be served by the organization or project for which funding is sought *(for film/theater/arts projects, describe potential venues for the work if not specific numbers)*. *Note: this does not apply to organizations with budgets over \$1M applying for a fundraising project.*

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# 1c. Demographic Summary

Organization Name: \_\_\_\_\_

**ALL:** Please fill out to the best of your ability. *If you are an LGBT-specific organization seeking general operating support, skip column D.*

	A) Board		B) Staff		C) Populations served by your agency (%)	D) Populations to be served by project to be funded (%)
	#	%	#	%		
<b>RACE/ETHNICITY</b>						
African American/Black						
Asian/Pacific Islander						
Hispanic/Latino						
White (Non-Hispanic)						
Native American						
Multi/Biracial						
Other: _____						
<b>GENDER</b>						
Female						
Male						
Intersex						
Transgender						
Other: _____						
<b>SEXUAL ORIENTATION</b>						
Gay						
Lesbian						
Bisexual						
Heterosexual						
Other: _____						
<b>AGES</b>						
0-12						
13-18						
19-24						
25-39						
40-54						
55+						

<b>GEOGRAPHIC AREAS SERVED</b>	C) Populations served by your agency (%)	D) Populations to be served by project to be funded (%)
Bay Area		
California outside the Bay Area		
National		
International		
<b>OVERALL TOTAL (should add to 100%)</b>		
<b>Your work within the Bay Area:</b>		
Alameda		
Contra Costa		
Marin		
Napa		
San Francisco		
San Mateo		
Santa Clara		
Solano		
Sonoma		
<b>BAY AREA TOTAL (should add to 100%)</b>		

## 2. Proposal Narrative

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Your narrative should be no more than three pages (using at least 12-point font with one-inch margins). Shorter narratives are welcome. On each page of your proposal, please include the organization name, contact name, and contact information.

Please address the following areas in this narrative:

1. Describe the organization's mission, goals, history, work, and impact.
2. Describe the anticipated impact this funding will have on your organization (or project) and the population(s) you serve. What will these funds enable you to do?
3. Describe any significant challenges or obstacles that your organization (or project) anticipates having to grapple with in the next 12 months.
4. Describe briefly what your organization's success would look like at the end of the grant period, and tell how you will evaluate your organization's (and/or your project's) successes and/or challenges at the end of the grant period.
5. State the three most compelling reasons for Horizons Foundation to award a Community Issues grant to your organization.
6. For arts projects only (film/theater/literature/visual, etc.): Please put your work in a cultural/artistic context—describe the content and style of the project, how it fits into history of the art and/or the community; how the project was developed; who the audience might be; previous work; and who is involved in developing/creating the work. Please call if you have a question.

**Along with your application, please submit a sample of your work. Limit any written sample to no more than 10 pages and visual or audio sample to no more than 5 minutes. See instructions in Proposal Grant Checklist.**

7. For LGBT-primary organizations with budgets over \$1M: Please describe your project to increase individual giving as specifically as possible, including methods, goals, and expected outcomes. If funded, you will be asked to create project benchmarks. If you'd like assistance, please contact Nikole Pagan at 415.398.2333 x100 or npagan@horizonsfoundation.org.
8. For non-LGBT primary organizations: Please describe the project that you plan to implement, including the goals, activities, and strategies you will use to achieve those goals and how it fits into your organization's overall mission.

### 3. Update on 2013 Funding

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*If your organization received a Community Issues grant last year, please provide an update. Please include the grant number, organization name, contact name, and contact information.*

Please use no more than ONE page. Shorter updates are welcome.

As applicable, please briefly describe your progress against the objectives expressed in your grant. Also tell us how successful your activities have been to date; how you made that assessment; and whether you expect your achievements to differ from the goals you set out in your 2013 proposal. Finally, please describe any major organizational and/or programmatic changes you have experienced (or expect) during the current grant period.

A full final report on 2013 Community Issues grants will be expected by November 14, 2014. See the [Community Issues Final Report Guidelines](#) on Horizons' website ([www.horizonsfoundation.org](http://www.horizonsfoundation.org)).

# 4a. Organizational Financial Information Sheet

Organization Name: \_\_\_\_\_

Organization's Annual Budget (2014): \_\_\_\_\_ Fiscal Year Period: \_\_\_\_\_ (month) to \_\_\_\_\_ (month)

Do not fill in lines that are not relevant to your organization. Individual **film projects** may skip this page and use the Project Budget Worksheet.

**IMPORTANT:** Where necessary, please attach a separate sheet with **budget notes**, numbered to correspond with the items below. Please describe any figures that are not self-explanatory: for example the nature of in-kind contributions or pending grant proposals. Please also explain your plans if you are operating in a deficit.

<b>REVENUE:</b> <i>Please do not include in-kind support here but list in a budget note.</i>	<b>2014 (current FY)</b>
1. Foundations	
2. Corporations	
3. Individual donors	
4. Government	
5. Earned revenue (sale of tickets, products)	
6. Fundraising activities	
7. Contracted services	
8. Other: _____ (please itemize in the budget notes)	
<b>TOTAL REVENUE</b>	

<b>EXPENSES:</b>	<b>2014 (current FY)</b>
9. Salaries and wages (includes benefits, taxes, etc.)	
10. Consultants and professional fees	
11. Operational costs	
12. Program costs (if listed on your IRS Form 990)	
13. Marketing and promotion	
14. Other: _____ (please itemize in the budget notes)	
<b>TOTAL EXPENSES</b>	

<b>CHANGE IN NET ASSETS:</b>	<b>2014 (current FY)</b>
15. Current period increase or decrease in Net Assets <i>This is the difference between your total revenue and total expenses.</i>	



# 4b. Project Budget

Organization Name: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Do not fill in lines that are not relevant to your project. This page is to be used primarily by non-LGBT organizations, films, or other projects that might be stand-alone.

If necessary, please attach a separate sheet with budget notes, numbered to correspond with the items below. Please explain any figures that are not self-explanatory, for example: any significant increase/decrease from one year to the next, the nature of in-kind contributions, pending grant proposals, or other specifics that might help the panel review your proposal.

**REVENUE:**

*Do not include in-kind support but list any significant such support in a budget note.*

	Amount
1. Foundations	
2. Corporations	
3. Individual donors	
4. Government	
5. Earned revenue (sale of tickets, products)	
6. Fundraising activities	
7. Contracted services	
8. Other: _____ (please itemize in the budget notes)	
<b>TOTAL PROJECT REVENUE</b>	

**EXPENSES:**

*Put an asterisk by any items to be paid specifically from a Horizons Foundation grant.*

	Amount
9. Salaries and wages (includes benefits, taxes, etc.)	
8. Consultants and professional fees	
9. Operational costs	
10. Marketing and promotion	
11. Fundraising expenses	
12. Other: _____ (please specify in the budget notes)	
<b>TOTAL PROJECT EXPENSES</b>	

16. PROJECT NET (Total Revenue minus Total Expenses) \$ \_\_\_\_\_

*If the expenses for this project are greater than the revenue, please describe in the budget notes how you plan to address the deficit.*

## 5. Certification of Non-Discrimination

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As part of Horizons Foundation's due diligence commitments to individual donors, donor advisors, philanthropic partners, and Horizons' own mission to serve the lesbian, gay, bisexual, and transgender community, we require grantees to complete this form for the foundation, where it is kept on file.

**Please check as appropriate:**

\_\_\_\_\_ I certify that \_\_\_\_\_ *[organization name]* does not discriminate in regard to race, color, religion, age, sex, gender identity, sexual orientation, marital status, physical disability, political affiliation, veteran's status, national origin, ancestry, socio-economic status, or source of income in its employment practices, selection of board members, selection of students, or in accepting clients for its services or products or as otherwise provided by all applicable federal, state, and local laws.

**Organization:** \_\_\_\_\_

**Signature of Authorized Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name and Title:** \_\_\_\_\_

**Fiscal Agent Organization (if applicable):** \_\_\_\_\_

**Signature of Fiscal Agent (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name and Title:** \_\_\_\_\_