

1a. Organization Summary

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 2017 Organizational Budget (do not include the budget of your fiscal sponsor, if any): _____

Total 2016 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: LGBTQ Primary? Yes No People of Color Organization? Yes No

1b. Request Summary

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 LGBTQ Equality Racial Equity
 Increasing Giving * LBT Health and Empowerment
 Leadership Development LGBT Aging

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

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

If you are not an LGBTQ-primary organization, 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):

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)*:

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. Please enter whole numbers only, not text*

1c. Demographic Summary

Organization Name: _____

ALL: Please fill out to the best of your ability. If you are an LGBTQ-specific organization seeking general operating support, please enter the data from Column C to Column D. Only enter whole numbers between 0 and 100 in columns A, B, C, and D. Please remove any commas, decimals, or letter characters.

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

GEOGRAPHIC AREAS SERVED	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		
OVERALL TOTAL (should add to 100%)		
Your work within the Bay Area:		
Alameda		
Contra Costa		
Marin		
Napa		
San Francisco		
San Mateo		
Santa Clara		
Solano		
Sonoma		
BAY AREA TOTAL (should add to 100%)		

2. Proposal Narrative

Organization Name: _____

Your narrative should be no more than three pages (using at least 12-point font). Shorter narratives are welcome. Please address the set of items in your narrative that are listed under the type of support you are seeking in the 2017 Community Issues RFP:

Organization Name: _____

Organization Name:

3. Update on 2016 Funding

Organization Name: _____

If your organization received a 2016 Community Issues grant, please provide an update and include the grant number.

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 2016 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 2016 Community Issues grants will be expected by November 16, 2017. See the [Community Issues Final Report Guidelines](#) on Horizons' website (www.horizonsfoundation.org).

Grant Number:

Update:

4a. Organizational Financial Information Sheet

Organization Name: _____

Organization's Annual Budget (2017): _____ 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.

REVENUE:

Please do not include in-kind support here but list in a budget note.

	2017 (current FY)
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)	
TOTAL REVENUE	

EXPENSES:

	2017 (current FY)
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)	
TOTAL EXPENSES	

CHANGE IN NET ASSETS:

	2017 (current FY)
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-LGBTQ 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)	
TOTAL PROJECT REVENUE	

EXPENSES:

	Project Total Amount	Amount to be paid by Horizons grant
9. Salaries and wages (includes benefits, taxes, etc.)		
10. Consultants and professional fees		
11. Operational costs		
12. Marketing and promotion		
13. Fundraising expenses		
14. Other: _____ (please specify in the budget notes)		
TOTAL PROJECT EXPENSES		

15. 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

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: _____

6. List of Board Members

Organization Name: _____

Provide a list of board members for your organization (not your fiscal sponsor), including title and affiliation. Optional, but recommended, is to also provide one or two sentences about each board member's background and/or what they bring to the board of the organization.

For arts applications without a board, e.g., arts projects, you can list key personnel or advisors to the project if applicable.

Organization Name: _____

7. Work Sample (ARTS PROJECTS ONLY)

Organization Name: _____

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 do not accepting hardcopies of CDs/DVDs. We are asking applicants to upload a three to five minutes work sample/clip by creating a YouTube or Vimeo channel.

Please include below the link(s) to the YouTube or Vimeo channel and password if applicable, as well as instructions for reviewers to access the content. Note that Horizons' community review panel and staff will limit their review of digital content to no more than five minutes of any sample(s) submitted.

Optional – Budget Notes for Form 4a and 4B

Organization Name: _____

Where necessary, please use this form to include budget notes. Please number notes to reference the budget form (4a. or 4b.) and the corresponding budget item, for example “form 4a. item 13”. Please describe your plans if you are operating in a deficit and 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.