

# 1a. Organization Summary

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

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

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

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

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

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):

Total 2019 Organizational Budget (do not include the budget of your fiscal sponsor, if any): \_\_\_\_\_

Total 2018 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

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

Amount Requested: \$ \_\_\_\_\_  
(Up to \$5,000)

Event Budget (expenditures): \$ \_\_\_\_\_

Provide the name of your event: (40 words maximum)

What is the date or range of dates of the event?

Where will the event take place? Please provide the city and county.

Populations served by the event: Brief description of any specific populations targeted by the event (age, gender, ethnicity, etc.): (50 words maximum)

How many people do you expect to attend the event? *Please enter whole numbers only, not text*

Event website (if applicable)

Describe potential venues for the event: (50 words maximum)

# 1c. Demographic Summary

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

Please fill out to the best of your ability. Only enter whole numbers between 0 and 100 in columns A, B, and C. Please remove any commas.

decimals, or letter characters.

	A) Board		B) Staff		C) Populations served by your agency (%)	
	#	%	#	%		
<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+						

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

Provide a brief summary of the proposed event, its purpose, target number attendees. (300 words maximum)

How will you measure success? What do you want participants to take away from this event? (200 words maximum)

If the event is focused on one or more specific populations within the LGBTQ community, please describe. (200 words maximum)

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

Tell us about your event's sponsorship benefit or how sponsors are recognized.

Is there anything else you would like to share about this event? (200 words maximum)

## 4a. Event Budget

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

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

Do not fill in lines that are not relevant to your event budget.

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: the nature of in-kind contributions, pending grant proposals, or other specifics that might help staff review your proposal.

### REVENUE:

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

	Amount
1. Foundations sponsorships	
2. Corporations sponsorships	
3. Individual sponsorships	
4. Government sponsorships	
5. Earned revenue (sale of tickets, ad sales)	
6. Event activities (auction, ask, raffle)	
7. Only if applicable - Event matching gift for Ask	
8. Other: _____ (please itemize in the budget notes)	
<b>TOTAL PROJECT REVENUE</b>	

### EXPENSES:

	Project Total Amount	
9. Consultant fees		
10. Marketing and Promotion		
11. Venue, Food, Beverages		
12. Entertainment		
13. Fundraising expenses (technology, auctioneer cost, etc.)		
14. Other: _____ (please specify in the budget notes)		
<b>TOTAL PROJECT EXPENSES</b>		

15. **EVENT NET (Total Revenue minus Total Expenses)** \_\_\_\_\_

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

## 4b. Optional – Budget Notes for Form 4a

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

Where necessary, please use this form to include budget notes. Please use numbered notes to reference the budget form (4a.) 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 staff panel review your proposal.