

# 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**): *For arts projects, describe the project and artist (filmmaker, theater group, etc.)*

Total 2020 Organizational Budget (do not include the budget of your fiscal sponsor, if any): \_\_\_\_\_

Total 2019 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: \_\_\_\_\_

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  
☐ Leadership Development    ☐ LBT Health and Empowerment    ☐ LGBT Aging

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)*:

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Number of people to be served by the organization or project for which funding is sought.  
*Please enter whole numbers only, not text*

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For film/theater/arts projects, describe potential venues for the work if not specific numbers

# 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 into 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 (%)
	#	%	#	%		
<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: \_\_\_\_\_

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 2020 Community Issues RFP guidelines:

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

Organization Name:

### 3. Update on 2019 Funding

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

*If your organization received a 2019 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 2019 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 2019 Community Issues grants will be expected by December 15, 2020. See the [Community Issues Final Report Guidelines](#) on Horizons' website ([www.horizonsfoundation.org](http://www.horizonsfoundation.org)).

Grant Number:

Update:

# 4a. Organizational Financial Information Sheet

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

Organization's Annual Budget (2020): \_\_\_\_\_ 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.*

	2020 (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)	
<b>TOTAL REVENUE</b>	

## EXPENSES:

	2020 (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)	
<b>TOTAL EXPENSES</b>	

## CHANGE IN NET ASSETS:

	2020 (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)	
<b>TOTAL PROJECT REVENUE</b>	

### 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)		
<b>TOTAL PROJECT EXPENSES</b>		

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.*

## 4c. Optional – Budget Notes for Form 4a and 4B

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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. 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.

## 5. List of Board Members

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

## 6. Work Sample (ARTS PROJECTS ONLY)

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

Are you a current grantee of the Performance Arts Program at the Hewlett Foundation?

Yes

No

**Written works:** Include samples under 10 pages (typewritten) as a separate attachment to your emailed proposal.

We do not accept slides.

**Visual or Audio works:** We do not accept 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.