

1a. Organization Summary

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 2021 Organizational Budget (do not include the budget of your fiscal sponsor, if any): _____

Total 2020 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: _____

Amount Requested: \$ _____ Event Budget (expenditures): \$ _____
(Up to \$5,000)

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)

Demographic Form

Organization Name:

Year on which data is being reported:

ALL: Please fill out to the best of your ability. **Only enter whole numbers between in the cells below. Please remove any commas, decimals, or letter characters.**

- Columns (A) and (B): All applicants should provide this information.
 - If your organization does not have a board – please leave blank
 - If you are a fiscally sponsored organization – provide your information on your organizations/ project/program, not your fiscal sponsor
 - If you are a stand-alone arts project, e.g., individual film project, then leave this column blank and add budget note in the next page
- Column (C): Column to be filled by all organizations
- Column (D) by Arts projects that might be stand-alone and LGBTQ-programs within a non-LGBTQ organization

	Enter number below
(A) Number of Current Board members	
(B) Number of Current Staff (FTE)	
(C) Number of people served annually by your organization	
(D) Number of people served by Arts project/LGBTQ program	

	(A) Board (%)	(B) Staff (%)	(C) Populations served by all organizations (%)	(D) Populations served by Arts project / LGBTQ program (%)
SEXUAL ORIENTATION				
Lesbian				
Gay				
Bisexual				
Heterosexual				
Other:				
Sexual Orientation Total (should add to 100%)				
GENDER IDENTITY				
Cisgender Women				
Cisgender Men				
Transgender Women				
Transgender Men				
Genderqueer/GNC/Non-Binary				
Other:				
Gender Identity Total (should add to 100%)				

Organization Name:

Year on which data is being reported:

ALL: Please fill out to the best of your ability. **Only enter whole numbers between in the cells below. Please remove any commas, decimals, or letter characters.**

- Columns (A) and (B): All applicants should provide this information.
 - If your organization does not have a board – please leave blank
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	Enter number below
(A) Number of Current Board members	
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	(A) Board (%)	(B) Staff (%)	(C) Populations served by all organizations (%)	(D) Populations served by Arts project / LGBTQ program (%)
RACE/ETHNICITY				
African American/Black				
Asian/Pacific Islander				
Latino/a/x				
Middle Eastern/Arab				
Native American				
White (Non-Hispanic)				
Multi/Biracial				
Other:				
Race/Ethnicity Total (should add to 100%)				
AGES				
0-18				
19-24				
25-54				
55+				
Ages Total (should add to 100%)				

Organization Name:	
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Year on which data is being reported:	
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ALL: Please fill out to the best of your ability. **Only enter whole numbers between in the cells below. Please remove any commas, decimals, or letter characters.**

- Column (C): Column to be filled by all organizations
- Column (D) by Arts projects that might be stand-alone and LGBTQ-programs within a non-LGBTQ organization

	Enter number below
(C) Number of people served annually by your organization	
(D) Number of people served by Arts project/LGBTQ program	

	(C) Populations served by all organizations (%)	(D) Populations served by Arts project / LGBTQ program (%)
GEOGRAPHIC AREAS SERVED		
Bay Area		
California outside the Bay Area		
National		
International		
Overall Geographic 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: _____

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)	
TOTAL PROJECT REVENUE	

EXPENSES:

	Event 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)		
TOTAL PROJECT EXPENSES		

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

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.