

2024 - 2025 Safety and Security Fund

Horizons Foundation

Organization Information

Organization*

Please enter:

- Name of the organization

Character Limit: 100

Organization Mission Statement*

Enter your mission statement.

Character Limit: 500

In what Bay Area County is the organization located?

Choose only one

Choices

- Alameda
- Contra Costa
- Marin
- Napa
- San Francisco
- San Mateo
- Santa Clara
- Solano
- Sonoma

Fiscal Sponsor Information

Name of Fiscal Sponsor organization?*

Character Limit: 100

What is the EIN of your current Fiscal Sponsor?*

Character Limit: 250

Fiscal Sponsor Primary Contact Name*

This should be someone at the Executive Director, CEO, or CFO level, who has authority to enter into grant contracts on behalf of their organization.

Character Limit: 100

Fiscal Sponsor Primary Contact Title*

Character Limit: 100

Fiscal Sponsor Primary Contact Email*

Character Limit: 254

Proposal Information

Amount Requested*

Character Limit: 20

Please provide an estimate of total costs*

Character Limit: 20

Please share the estimated date of vandalism. If for an upcoming event, please share the date.*

Character Limit: 10

Proposal Narrative Questions

Organizational Background*

- Succinctly describe the organization’s history, mission, overall goals and/or objectives in serving the LGBTQ community.
- Describe the principal LGBTQ population your organization serves.

Character Limit: 1500

Purpose of Request and Anticipated Results*

- If for a repair, state incident of vandalism and repair needed
- If for an upcoming event, please share how this grant will be used to maintain the security and safety of participants
- Describe how the security measure(s) implemented with an SSF grant would help ensure the success of your programs

Character Limit: 1500

Additional Information*

Is there anything else you would like to share about this event?

Choices

Yes

No

If yes, is there anything else you would like to share?

Character Limit: 1500

Budget Information

Current Organizational Fiscal Year Annual Budget*

This should be the applicant's current budget, not that of the Fiscal Sponsor

Character Limit: 20

Year of Annual Budget Entered i.e., 2022, 2023*

Character Limit: 4

Fiscal Year Start by Month*

Choices

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Fiscal Year Budget

Please do not fill in budget lines that are not relevant to your organization/project/program. Also, please do not include in-kind support here; please list it in a budget note.

Please be sure to enter EXPENSES as a negative number. Example: -100.

	A: Budget of non-LGBTQ org with an LGBTQ program/ project	B: Budget of one of the following (please select from drop down below)	C: Amount to be paid by Horizons grant
Revenue			

1. Fundraising activities (i.e, individual donors, annual events, Gala, etc.)			
2. Earned revenue (sale of theater tickets, products)			
3. Foundations			
4. Government			
5. Contracted services			
6. Corporations			
7. Other: (please itemize in the budget notes)			
TOTAL REVENUE			
Expenses			
8. Salaries and wages (includes benefits, taxes, etc.)			
9. Operational costs			

10. Program costs			
11. Marketing and promotion			
12. Consultants and professional fees			
13. Other (please itemize in the budget notes)			
TOTAL EXPENSES			
TOTAL REVENUE			

Budget Notes

Where necessary, please use this form to include budget notes. Numbered notes to reference the corresponding budget item, for example “item 13”. Please describe your plans if you are operating in a deficit and 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 the panel review your proposal

Character Limit: 10000

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, transgender, and queer community, we require applicants to certify that they do not discriminate against the communities defined below.

I certify that my organization does not discriminate:*

In regard to sexual orientation, gender identity, gender expression, race, ethnicity, color, religion, age, sex, physical disability, marital status, 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.

Choices

Yes

Grant Proposal Contact Information

Grant proposal contact name*

Character Limit: 70

Grant Proposal contact title*

Character Limit: 100

Grant Proposal contact email*

Character Limit: 254