

Appalachian Community Fund LGBTQ Fund Application

APPLICATION DEADLINE: No Deadline

However, please allow at least two months to process the request.



Email: info@appalachiancommunityfund.org

Please read the application instructions before you begin. To complete the application, click in the blank gray spaces and begin typing. Use the TAB key to move between fields. Please put your organization name at the top of each page and limit your responses to the number of words indicated.

Organizational Background

Organization Name					
Address			Zip Code		
Phone Number			Fax Number		
Website			Organization Email		
Contact Person (include title)					
Contact Phone Number				Contact Email	
Do you have 501(c)(3) status?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list your EIN	
If no, list your Fiscal Sponsor's name					
Fiscal Sponsor's Contact Person and Address			Fiscal Sponsor's EIN		
Fiscal Sponsor Phone			Fiscal Sponsor Email		
Have you applied for funding from ACF in the past?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate which year and which program. (i.e. General Fund, Technical Assistance, etc.)	
Are you a new or emerging organization/group?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Project Name	
Current Fiscal Year Budget		Project Budget		Request Amount	
Does your work address a new or an emerging issue?		<input type="checkbox"/> Yes <input type="checkbox"/> No		How long have you been doing this work?	
Other key issues that your organization/project is addressing:					
Key issues that your organization/project is addressing:		<input type="checkbox"/> Environmental <input type="checkbox"/> Health <input type="checkbox"/> Immigration and/or Racial Justice <input type="checkbox"/> LGBTQ		<input type="checkbox"/> Media Justice <input type="checkbox"/> Youth Organizing/Development <input type="checkbox"/> Other	
Summarize Your Proposal: (Do not refer us to your proposal – your proposal MUST be summarized here.) Your summary should include: who you are, your primary constituents, the systems you are addressing, and the change you want to see as a result of your work. Approximately 150 words					

Budget Information

Organization Name

Please fill in your budget information below. Do not use a separate form.

EXPENSES	Most Recently Completed Year	Current or Projected Year
Salaries/Wages	\$	\$
Benefits/Taxes	\$	\$
Consultants/Stipends	\$	\$
Rent/Utilities	\$	\$
Office Supplies	\$	\$
Telephone	\$	\$
Postage/Mailing	\$	\$
Printing/Copying	\$	\$
Equipment	\$	\$
Travel/Transportation	\$	\$
Meetings/Conferences	\$	\$
Other, please specify		
1.	\$	\$
2.	\$	\$
Total Expenses	\$	\$
REVENUE	Most Recently Completed Year	Current or Projected Year
Foundation Grants	\$	\$
Corporate Donations	\$	\$
Individual Donations	\$	\$
Government Grants/Contracts	\$	\$
Membership Dues	\$	\$
In-kind Contributions	\$	\$
Fees for service	\$	\$
Other, please specify:		
1.	\$	\$
2.	\$	\$
Total Income	\$	\$

List your confirmed foundation grants and award amounts for the current fiscal year below.

-
-
-
-
-
-

List your pending foundation grants and awards for the current fiscal year and their amounts below.

-
-
-
-
-
-

BUDGET NARRATIVE

1. Please provide a brief explanation of how the money from this grant will be used.

Board and Staff Information Organization Name

Leadership: List the <u>number</u> of board, staff, or key volunteers for each demographic below and the number of members. **Please use numbers, not percentages. Please note that numbers do not have to add up to the total**										
	People of color	Low-income	Youth	Seniors	Immigrant	Disabled	LGBT	Women	Transgender or gender nonconforming	Total
Board										
Staff/core volunteers										
Total Number of Members/People in your base:										
<i>Please do not leave blank.</i>										
Total Number of Active Members/People who are actively involved on a day-to-day basis in your work:										
<i>Please do not leave blank.</i>										
Constituents: Indicate the <u>percentage breakdown</u> of the constituents served by your organization. **Please use percentages, not numbers here. Please note that percentages do not have to add up to 100% **										
	People of color	Low-income	Youth	Seniors	Immigrant	Disabled	LGBT	Women	Transgender or gender nonconforming	
Constituents/ People in your base	%	%	%	%	%	%	%	%		

Board of Directors: List the board/key volunteers' name, their position, and when their term expires.	

PROPOSAL NARRATIVE

Organization Name

Your proposal narrative must be no more than 4 pages; additional pages will not be reviewed. Fill in the blank spaces provided using Microsoft Word (approximate word counts are supplied) or attach a separate four page narrative answering the following questions. Please include numbers with each section.

1. Briefly describe your organization's mission and recent achievements and challenges.

Approximately 150 words

2. Please explain how your work or project fits into ACF's definition of social change. **Approximately 150 words**

3. Describe the need being addressed. Please include statistics if you have them. **Approximately 200 words**

4. Describe the organization's core constituency -- being specific about race, gender, and gender identity and expression, income level, ethnicity, age, sexual orientation, and ability -- how they are involved in the leadership of your organization, and how you support leadership development. Include how your group's leadership is selected and how the organization is accountable to the community and constituency. **Approximately 200 words**

5. Please list your goals for the next year or for your project. (What are you trying to accomplish, both within your organization and in Central Appalachia?) Please be specific and include measurable outcomes (e.g. number of members recruited, number of leaders developed, specific institutional change – whatever is appropriate for your work). **Approximately 200 words**

6. How will you know if you are successful in meeting your goals? (How do you evaluate your work?)

Approximately 200 words

7. The board of the Appalachian Community Fund values anti-racism and believes it must be a component of social change work, no matter what issue you work on or what community you are in. Please tell us how your organization incorporates anti-racism values and vision within your organization. What is your organization doing to put its anti-racism values into practice? How does your organization define diversity and inclusion? How does your group address issues of race, age, class, gender, sexual orientation, gender identity and expression, and disability? **Approximately 150 words**

8. How does your project address building organizations, capacity, and community resources for LGBTQ organizing? Describe the most important coalitions, collaborations, or networks that you participate in as part of social change work. Include why the organization is active in these collaborations and your organization's role. **Approximately 300 words**

PROPOSAL NARRATIVE *additional page optional* **Organization Name**

You may use this **one additional page** of narrative to tell us anything you want us to know that wasn't asked for in your proposal narrative.

If the organization is based outside Central Appalachia, please also describe how ACF funding will be used by and for Appalachian people.

Approximately 48 lines

Empty text area for the proposal narrative.