



2015 Higgins Fund Grant Application

APPLICANT INFORMATION

Applicant Organization Information

Name of Organization:

Mailing Address:

City

State:

Zip Code:

Website:

Contact Person

Email Address:

Phone number:

Fiscal Agent Information (if applicable)

Name of Organization:

Mailing Address:

City

State:

Zip Code:

Website:

Contact Person

Email Address:

Phone number:

IRS Tax Exempt Number
(of applicant or fiscal
agent)

Program or
Program Title:

Amount Requested:

Project Duration
(in months):

Total Project Expenses
(if applicable):

Is your organization registered with the Attorney General (Justice Department) as a charitable corporation and/or with the Oregon Secretary of State as a non-profit organization?

Yes No

If not, please state exemption:

Total Amount of
Organization's 2015
Annual Operating
Budget:

Please provide a one paragraph summary of your project, briefly stating your organization's mission and purpose and describing the project for which you are seeking funds. This summary will be shared with Equity's membership when members vote on grant proposals.

BOARD AND STAFF DIVERSITY

Total Board Members

Race/ethnicity - Provide categories and percentages as reported and tracked by your agency, e.g. African American 75%:

Gender Composition - Provide categories and percentages as reported and tracked by your agency:

Sexual Orientation - Provide categories and percentages as reported and tracked by your agency:

Total Staff Members

Race/ethnicity - Provide categories and percentages as reported and tracked by your agency:

Gender Composition - Provide categories and percentages as reported and tracked by your agency:

Sexual Orientation - Provide categories and percentages as reported and tracked by your agency:

CERTIFICATION OF ACCURACY AND NON-DISCRIMINATION

I hereby certify that the information included in this application is true and correct. I further certify that this organization and/or fiscal agent does not discriminate on the basis of race, creed, national origin, religion, marital status, age, mental or physical disability, gender, gender identity, sex, sexual orientation or source of income in its employment practices, selecting board members, selecting students or in accepting clients for its services or products.

You may provide a written or electronic signature below.

Applicant Organization:

Signature of Authorized
Officer:

Date:

Name and Title:

If applicable:

Fiscal Agent
Organization:

Signature of Authorized
Officer of Fiscal Agent:

Date:

Name and Title:

GRANT PROPOSAL

Please provide information about the two items below, limiting yourself to no more than four (4) total pages for your proposal.

1. Applicant Organization Background

Please include organizational mission statement and purpose; organizational qualifications; brief history of accomplishments; governance; area and population served. If this is a collaborative project, describe the lead agency and its relation to others involved.

2. Proposal Details - *Please separate and number your responses to match each prompt below:*

- a. What evidence is there that this project is needed and how will your project meet this need?
- b. Who and how many people will benefit from this project? Elaborate on target communities and geographic scope of the project, including a list of counties that would be impacted (if not statewide).
- c. How will your project involve underrepresented members of the LGBTQ community, such as racial and ethnic groups?
- d. How does this project leverage resources to create social, economic, and/or political equity for the LGBTQ community?
- e. Describe at least two measurable objectives for this project. How will you measure your success in meeting these objectives?
- f. Describe the timeline for the project, including benchmarks for reaching measurable objectives stated above.
- g. Describe the plan for implementing the project if you receive funding at a lower level than requested.
- h. How will you promote Equity Foundation during this project?

Grant recipients agree to provide financial accounting for funded projects/programs and are required to submit a written report at the completion of their project/program. For a downloadable report form, please visit www.equityfoundation.org/granting

ATTACHMENTS CHECKLIST

1. If you have not applied for a grant at Equity Foundation at least once during the past three annual grant cycles, please include an IRS Letter of Determination of tax exemption under Section 501(c)(3) of the Internal Revenue Code. If you are utilizing a fiscal agent, please include a copy of their Letter of Determination and a letter from that agency on its letterhead and signed by an authorized representative of the agency, which defines your relationship with that agency.
2. List of current board members with professional affiliations.
3. Non-Discrimination Policy. If you are utilizing a fiscal agent, please include a copy of their Non-Discrimination Policy.
4. Most recent IRS Form 990 (if applicable) Sections I through IX. If your organization did not file a 990, provide a year-end financial statement for the most recent fiscal year. If you are utilizing a fiscal agent, please include a copy of their Form 990.
5. Current year operating budget. If you are utilizing a fiscal agent, please include a copy of their operating budget.
6. Detailed budget for the project for which funds are being sought.
7. If the project for which you are seeking funds is a collaborative project with other agencies, include letters of support from the collaborating agencies.
8. If you received an Equity Foundation General Cycle Grant award in 2014, include the 2015 General Cycle Grant Report form. The report form can be found at www.equityfoundation.org/granting.

If not submitting electronically, please include one unstapled single-sided copy of each attachment.
