

Arkansas LGBTQ+ Advancement Fund Impact Grant (\$25,000 or less)

Arkansas Community Foundation

Eligibility

We are accepting proposals for grants under \$25,000 to support organizations headquartered in Arkansas that are providing legal, health, education, advocacy or other high-demand services/programs for LGBTQ+ Arkansans. The purpose of this funding is to strengthen and support local organizations led by and serving the LGBTQ+ community.

This is a one-time grant for general operating support that may be expended over 1 – 2 years.

Eligibility requirements:

- Organizations must be headquartered in Arkansas
- Must be a 501(c)(3) public charity, public school, hospital, church or government entity. Applicants may use a fiscal sponsor if needed.
- Must have an annual operating budget of \$150,000 or less.
- Must provide services to LGBTQ+ Arkansans as an explicit focus of the organization

Grants may not be used to support lobbying or partisan political activity.

General Info

Project Name:*

Character Limit: 100

Location of headquarters:*

Choices

Arkansas county
Ashley county
Baxter county
Benton county
Boone county
Bradley county
Calhoun county
Carroll county

Chicot county
Clark county
Clay county
Cleburne county
Cleveland county
Columbia county
Conway county
Craighead county
Crawford county
Crittenden county
Cross county
Dallas county
Desha county
Drew county
Faulkner county
Franklin county
Fulton county
Garland county
Grant county
Greene county
Hempstead county
Hot Spring county
Howard county
Independence county
Izard county
Jackson county
Jefferson county
Johnson county
Lafayette county
Lawrence county
Lee county
Lincoln county
Little River county
Logan county
Lonoke county
Madison county
Marion county
Miller county
Mississippi county
Monroe county
Montgomery county
Nevada county
Newton county
Ouachita county
Perry county
Phillips county
Pike county
Poinsett county
Polk county

- Pope county
- Prairie county
- Pulaski county
- Randolph county
- St. Francis county
- Saline county
- Scott county
- Searcy county
- Sebastian county
- Sevier county
- Sharp county
- Stone county
- Union county
- Van Buren county
- Washington county
- White county
- Woodruff county
- Yell county
- Out of state

Counties/Communities served:*

Check all that apply

Choices

- Arkansas county
- Ashley county
- Baxter county
- Benton county
- Boone county
- Bradley county
- Calhoun county
- Carroll county
- Chicot county
- Clark county
- Clay county
- Cleburne county
- Cleveland county
- Columbia county
- Conway county
- Craighead county
- Crawford county
- Crittenden county
- Cross county
- Dallas county
- Desha county
- Drew county
- Faulkner county
- Franklin county
- Fulton county

Garland county
Grant county
Greene county
Hempstead county
Hot Spring county
Howard county
Independence county
Izard county
Jackson county
Jefferson county
Johnson county
Lafayette county
Lawrence county
Lee county
Lincoln county
Little River county
Logan county
Lonoke county
Madison county
Marion county
Miller county
Mississippi county
Monroe county
Montgomery county
Nevada county
Newton county
Ouachita county
Perry county
Phillips county
Pike county
Poinsett county
Polk county
Pope county
Prairie county
Pulaski county
Randolph county
St. Francis county
Saline county
Scott county
Searcy county
Sebastian county
Sevier county
Sharp county
Stone county
Union county
Van Buren county
Washington county
White county
Woodruff county

Yell county
Statewide

Social media handle for Facebook (if applicable):

Character Limit: 2000

Social media handle for Instagram (if applicable):

Character Limit: 2000

Is your organization a:*

Select one from the list below

Choices

- 501(c)(3) nonprofit organization
- Fiscally sponsored by 501(c)(3) nonprofit organization
- Church
- Public School
- Hospital
- Government Entity

Will you be applying under the umbrella of a fiscal sponsor?*

Choices

- Yes
- No

Yes, I will use a fiscal sponsor

Fiscal sponsor organization name:*

Character Limit: 250

Fiscal sponsor organization mailing address:*

Character Limit: 250

Fiscal sponsor organization contact person*

Character Limit: 250

Fiscal sponsor organization Tax ID#:*

Character Limit: 250

Memorandum of Understanding:*

Please upload a memorandum of understanding between your organization and the fiscal sponsor organization confirming your partnership and the administrative fee (if any) the fiscal sponsor will charge. A template is linked here, if needed.

File Size Limit: 5 MB

Demographic Info

How many board members does your organization have?*

The demographic questions in this section pertain to the organization applying, not the fiscal sponsor organization (if a fiscal sponsor is being used).

Character Limit: 250

Board of Directors:*

Names and affiliations of organization's board of directors (applicant organization, not fiscal sponsor).

Character Limit: 2500

How many individuals serve as senior staff leaders for your organization?*

If your organization does not have paid senior staff, choose the "4 or fewer" option below.

Choices

4 or fewer

5 or more

Choose this box if your org is a government entity, regardless of number of senior staff leader

4 or fewer

The following demographic questions will help us collect accurate data on the leadership composition of grant applicants and recipients. We encourage you to use a de-identified survey to collect demographic information directly from board members, rather than making an assumption about an individual's identities. If your organization has not collected any of the demographic information below, choose "unknown/demographic information not available."

Board members and senior staff demographics:

*Please provide the total number of **board members and senior staff members** who represent the following identities. (For example, if two board members and one senior staff person identify as Latinx, enter "3".) If individuals hold multiple identities, count them in each category that applies.*

Black/African-American/African/Caribbean/Afro-Latinx*

Character Limit: 10

Latinx/Hispanic*

Character Limit: 10

Asian/Asian Pacific Islander/Southeast Asian*

Character Limit: 10

White/European*

Character Limit: 10

Other*

Character Limit: 10

Multiethnic/Multiracial*

Character Limit: 10

Unknown/Demographic information not available*

Character Limit: 10

Heterosexual*

Character Limit: 10

Lesbian/Gay/Bisexual/Queer*

Character Limit: 10

Male*

Character Limit: 10

Female*

Character Limit: 10

Trans*

Character Limit: 10

Non-binary, Gender non-conforming*

Character Limit: 10

Other*

Character Limit: 10

Unknown/Demographic information not available*

Character Limit: 10

5 or more

The following demographic questions will help us collect accurate data on the leadership composition of grant applicants and recipients. We encourage you to use a de-identified survey to collect demographic information directly from board members, rather than making an assumption about an individual's identities. If your organization has not collected any of the demographic information below, choose "unknown/demographic information not available."

Board demographics:

Please provide the total number of **board members** who represent the following identities. If individuals hold multiple identities, count them in each category that applies.

Black/African-American/African/Caribbean/Afro-Latinx*

Character Limit: 10

Latinx/Hispanic*

Character Limit: 10

Asian/Asian Pacific Islander/Southeast Asian*

Character Limit: 10

White/European*

Character Limit: 10

Other*

Character Limit: 10

Multiethnic/Multiracial*

Character Limit: 10

Unknown/Demographic information not available*

Character Limit: 10

Heterosexual*

Character Limit: 10

Lesbian/Gay/Bisexual/Queer*

Character Limit: 10

Male*

Character Limit: 10

Female*

Character Limit: 10

Trans*

Character Limit: 10

Non-binary, Gender non-conforming*

Character Limit: 10

Other*

Character Limit: 10

Unknown/Demographic information not available*

Character Limit: 10

Senior staff demographics.

Please provide the total number of **senior staff members** who represent the following identities. If individuals hold multiple identities, count them in each category that applies.

Black/African-American/African/Caribbean/Afro-Latinx*

Character Limit: 10

Latinx/Hispanic*

Character Limit: 10

Asian/Asian Pacific Islander/Southeast Asian*

Character Limit: 10

White/European*

Character Limit: 10

Other*

Character Limit: 10

Multiethnic/Multiracial*

Character Limit: 10

Unknown/Demographic information not available*

Character Limit: 10

Heterosexual*

Character Limit: 10

Lesbian/Gay/Bisexual/Queer*

Character Limit: 10

Male*

Character Limit: 10

Female*

Character Limit: 10

Trans*

Character Limit: 10

Non-binary, Gender non-conforming**Character Limit: 10***Other****Character Limit: 10***Unknown/Demographic information not available****Character Limit: 10*

Government entity

The following demographic questions will help us collect accurate data on the leadership composition of grant applicants and recipients. We encourage you to use a de-identified survey to collect demographic information directly from board members, rather than making an assumption about an individual's identities. If your organization has not collected any of the demographic information below, choose "unknown/demographic information not available."

Explain the governance structure of the organization, including operational oversight and staffing for the program for which you're applying.*

Character Limit: 1250

How is the community served reflected in the program's leadership and decision-making? Note any significant representation percentage in staff, board, volunteers or any other stakeholder bodies important to your work.*

Character Limit: 1250

Organization Background

Mission and organization history:*

Please describe your organization's mission and a brief summary of your organization's history, including such milestones as when you were founded, when major programs were established, etc.

*Character Limit: 1250***Which of the following services does your organization provide for LGBTQ+ Arkansans:****Select all that apply***Choices**

Legal services

Health services

Education

Advocacy
Other

If you selected "Other", please specify:

Character Limit: 250

Request Description

Amount requested:*

Maximum \$25,000

Character Limit: 20

Grant term:*

Maximum 2 years

Character Limit: 250

What is the need your organization is seeking to fill with this grant?*

Please share any background information that would be relevant to helping us understand the key issues your organization is working on.

Character Limit: 1250

Please describe the demographics of the clients or communities you serve*

Include the estimated number of individuals served per year, if available. Include the services your org provides to these communities.

Character Limit: 1250

What are some of the key activities your organization will carry out during the grant period?*

How will these activities improve quality of life for LGBTQ+ Arkansans? Who will lead and oversee these activities?

Character Limit: 2500

What will success look like?*

If your organization is successful in achieving the activities described above, what will be different/better?

Character Limit: 1250

Capacity Needs

We are exploring additional support for grantees*

This could include training, coaching and networking opportunities. Please indicate which, if any, of the following would be most useful to your organization. Your responses to this question will not affect funding decisions on your proposal.

Choices

Training on fundraising, grantwriting and/or connecting with donors

Coaching on nonprofit leadership or staff management

Training on financial management (budgeting, preparing annual financial documents, etc.)

Opportunities to connect and network with other organizations working on LGBTQ+ issues

Assistance with technology tools

Assistance with communications, social media, public relations, etc.

Assistance with strategy development, campaign planning, etc.

Training on nonprofit governance, policies and best practices

Other

If you selected "Other", please describe:

Character Limit: 250

Budget

What is your organization's annual operating budget? Please upload an organizational budget for your most recent fiscal year, and/or a balance sheet/statement of financial position.*

File Size Limit: 5 MB