Arkansas LGBTQ+ Advancement Fund Program Grant ($25,000 or more)

Arkansas Community Foundation

Eligibility

These grants are for organizations with programs, activities or projects that directly support LGBTQ+ Arkansans. Organizations must be headquartered in Arkansas or have a significant basis of operation in Arkansas (for example, an office, staff person or on-the-ground programs.) Grants will typically range from $25,000 to $150,000, although grants outside that range may be considered under exceptional circumstances. This is a one-time grant that may be expended over 1 – 2 years and used for programs, activities or projects that directly support LGBTQ+ Arkansans.

Eligibility requirements:

- Organizations must be headquartered in Arkansas or have a significant basis of operations here.

- 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 a mission that directly incorporates work on behalf of LGBTQ+ community or intend to incorporate services for LGBTQ+ individuals into the delivery of the organization's larger programs and mission.

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

Is your organization based in Arkansas?*

Choices
Yes
No

No, my org is not based in Arkansas

In what state is your organization headquarters located?*

Character Limit: 250

On-the-Ground work:*

Please describe the on-the-ground work your organization has done/is doing in Arkansas. Do you have staff here? Do you have a physical location here? What programs are operating here?

Character Limit: 1250

Local Partners:*

Please list any local partners or key contacts with whom you work in Arkansas and describe how you work together.

Character Limit: 1250

Letter of Support:*

Please upload a letter of support from a local (Arkansas-based) organization addressing your organization's programs, services and partnerships in Arkansas.

File Size Limit: 5 MB

Request Description

Amount requested:*

(Recommended grant size is no more than ⅓ your organization's annual operating budget per year. Grants will typically range from $25,000 to $150,000 but may be outside that range depending on the circumstances. Contact program staff to discuss your proposal if you intend to apply for more or less than the typical range.)

Character Limit: 20

Grant term:*

Maximum 2 years

Character Limit: 250

Organizational need statement:*

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

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. If LGBTQ+ Arkansans are not the primary audience you serve, please explain how you are currently serving LGBTQ+ individuals and/or how you plan to provide services going forward.

Character Limit: 1250

Describe the activities you will undertake using this funding, and the timeline for implementation:*

How will these activities improve quality of life for LGBTQ+ Arkansans? How did your organization decide on this approach? Who will lead and oversee these activities?

Character Limit: 2500

What will success look like?

What are your top 3 goals for this funding? What metrics or observable outcomes will you use to track progress on each?

Goal 1:*

Character Limit: 1000

Goal 2:*

Character Limit: 1000

Goal 3:*

Character Limit: 1000

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 dexcribe:

Character Limit: 250

Budget

Annual Operating Budget:*

*What is your organization's annual operating budget **for activities focused in Arkansas**?*

Character Limit: 250

Upload organizational 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

Audited financial statements:

*If your annual operating budget is **greater than $500,000,** please upload your most recent audited financial statements.*

File Size Limit: 5 MB

Budget for project/program described in this proposal:*

What is your budget for the project/program described in this proposal?

Character Limit: 250

Upload budget form:*

Please download a copy of this budget form, complete it, and re-upload below. You may include up to 20% in program administration costs, such as partial salary support, facility expenses, etc.

File Size Limit: 5 MB