Equality Fund
Application Questions

Before You Begin

Our mission is to cultivate a community that supports, includes, and respects lesbian, gay, bisexual, transgender and queer, intersex, asexual, and non-binary individuals and families by working together to create safe, community spaces for all people.

Our grant programs have taught us that some of the best outcomes occur when decisions are made by the community members who are directly impacted. We believe in elevating and empowering the voices of resident-leaders in our community. The Equality Fund grant committee is a group of metro area residents from the LGBTQIA+ community. These volunteers are committed to supporting innovative programs, initiatives, services, and activities that promote and strengthen our LGBTQIA+ community.

BEFORE APPLYING:
All applicants are strongly encouraged to read through the full application and to ask questions/get feedback prior to submitting a proposal. We are happy to help, so don't hesitate to email Katrina Adams at grants@omahafoundation.org or call 402-342-3458 for assistance!

APPLICATION CHECKLIST

- Application responses—be sure to type and save your answers in a text document BEFORE you start!
- Organization Budget for the most recently completed fiscal year (max 2 pages)
- Project Budget showing all pending and confirmed sources of revenue and expenses (max 2 pages)
- If you need assistance, please let us know! We have templates and other resources that may be useful!

Helpful Tips
Please add mail@grantapplication.com to your safe senders list to ensure you receive all system communications.

You can start the application and come back to where you left off!
   Bookmark this link https://www.GrantRequest.com/SID_2367?SA=AM

SAVE OFTEN!— if the system times out, you will lose your work!

Please Note: There are word limits for open-ended questions. We recommend the following process to ensure your answers do not exceed these limits:

1. Compose answers in a word-processing document.
2. Limit use of bullets and other formatting.
3. Do a word count (under "Review" or "Tools," then "Word Count") and make edits as needed.
4. Copy and paste answers into the online application form.

**Do NOT use ALL CAPS when entering your responses.**
### Contact Information

#### Organization Details

Does your organization profile need to be updated?
- Yes
- No

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#### Tax ID

Applicant Organization's Tax ID number OR the Tax ID number of your Fiscal Agent.

#### Fiscal Agent Contact Information

If you are using a Fiscal Agent, please provide the Organization's Name and Address.

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Does the Executive Director support this funding request?
Non-Discrimination Clause
Do the applicant organization's policies and practices comply with the following Non-discrimination Clause:

The above-named organization confirms it does not discriminate in hiring practices or service provision to clients and/or customers based on race, ethnicity, religious preference, age, [mental, emotional, or physical] ability/disability, sexual orientation, gender identity, military service, or gender.

Yes, our organization DOES comply with the above non-discrimination statement.
No, our organization DOES NOT comply with the above non-discrimination statement.

Provide a copy of your organizations' non-discrimination policy.
**Only submit the section(s) or page(s) that directly cover the policy.**

Tell us more about your organization!
Agency Focus

Mission Statement: What is your organization aspiring to achieve in the community?

Please describe what goals your organization has developed around diversity, equity, and inclusion.
How do you track progress against these goals?

The Equality Fund is focused on strengthening the community by encouraging partnerships, collaborations, and business practices that empower LGBTQIA+ owned or operated businesses.

How does your organization work in partnership with other businesses or nonprofits that empower individuals in the LGBTQIA+ community?
Leadership Information

Please list your current board members.
Provide in the following format: Name, Position on your Board (if any); Professional affiliation (employers and title)

In what ways does the current composition of your organization's board, executive leadership, and staff demonstrate a priority placed on the inclusion of people from underrepresented groups?

Organization Financials

What is the cost to run your organization for a full year?

Organization Budget: Show a budget-to-actuals comparison of your revenue and expenses.
**Downloadable: Organizational Budget Template**

Limit your attachment to 2 pages.

** Submitting incorrect budget information could remove your proposal from consideration. We are happy to answer any questions about completing your budget. Please contact us at 402-342-3458 or via email at grants@omahafoundation.org for assistance.
### Request Information

#### Proposal Title
Be concise and descriptive.

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<th>What is the end date for this proposal?</th>
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<td>If there is a specific start date, please enter it here.</td>
<td>One-time events or annual programs must have an end date. If this is an ongoing proposal, please leave this field blank.</td>
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#### Proposal Summary
Provide a short summary of your proposal. We may share this with potential donors. Be clear and keep to the word limit!

#### Amount Requested | Total Project Budget

What is the need, problem, or opportunity being addressed through this proposal?
Clearly explain the need/problem/opportunity and how your request will address them. Use supportive data to build a strong case statement.

Describe the strategy you will use to address the need, problem, or opportunity defined above.
Provide the action steps you will take; outline the major milestones, describe your participants or audience, and include a brief timeline.
What do you plan to accomplish with this proposal?
Describe the results you expect for your agency, the people you serve, and/or our community as a result of this project.

How will you identify success and show progress toward your desired outcomes?
Downloadable: Planning and Evaluation Guide
This is a great reference tool that you can download and save for future use!

What other organizations, if any, in our community offer similar or complementary programs or services as described in this proposal? Do you coordinate or collaborate with these or other organizations? Why or why not?

Provide demographic information for the population served by this funding request.
Include (but not limited to) age, gender identity, geographic area, ethnicity, and any other pertinent information related to your constituency.
**Consider describing how your organization incorporates the voices of these individuals in shaping your programs/services.**
Proposal Budget: Show the costs to fulfill your proposal.

**Downloadable: Proposal Budget Template**

This must include all the sources for anticipated revenue and expenses.

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**Expense Narrative (Proposal Budget)**

If needed, please use the space below to explain or expand upon any of the **EXPENSE** line item(s) in your proposal budget. Please be clear and concise.

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**Revenue Narrative (Proposal Budget)**

If needed, please use the space below to explain or expand upon any of the **REVENUE** line item(s) in your proposal budget. Please be clear and concise.

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**Additional Information**

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<td>The Nonprofit Association of the Midlands (NAM) Guidelines and Principles provide legal compliance and best practice information in 12 major areas of nonprofit management. These resources are free and available to all nonprofits in Nebraska and Iowa. If you would like more information, please visit the NAM website at <a href="http://www.nonprofitam.org/page/guidelines">www.nonprofitam.org/page/guidelines</a>.</td>
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Has your agency adopted the Guidelines & Principles for Nonprofit Excellence in Nebraska through the Nonprofit Association of the Midlands?

**Please Note:** This is not a requirement to receive funding.