KA

Equality Fund (EQ)

ORGANIZATION INFORMATION

Organization Name: *

Are you a new or returning applicant or grantee? *

○ We are a RETURNING grantee applying for a NEW project.

○ We are a RETURNING grantee applying for a CONTINUATION of a previously funded project.

○ We are a RETURNING applicant.

○ We are a NEW applicant.

Please select the option that best describes your organization.

Are you using a Fiscal Agent to apply for this grant? *

○ Yes

○ No

This is an arrangement between a nonprofit organization with 501(c)(3) tax exempt status and a project, conducted by an organization that does not have 501(c)(3) status.

What is your Tax ID number? *

Limit: 11 characters

Enter your organization's Tax ID number or the Tax ID number of your fiscal agent. Preferred formatting: XX-XXXXXXX

BACKGROUND INFORMATION

Agency Focus: *

Select... ⌄

Year Established: *

Limit: 4 characters

YYYY

Mission Statement: *

Limit: 50 words

What is your organization aspiring to achieve in the African American/Black community?

ORGANIZATIONAL DIVERSITY, EQUITY, INCLUSION, and REPRESENTATION

Are the applicant organization's policies and practices in alignment with the following Non-Discrimination Clause? The applicant organization does not lawfully or unlawfully discriminate in its hiring practices or service provisions to clients and/or customers based on race, ethnicity, religious preference, age, [mental, emotional, or physical] disability, sexual orientation, gender identity, military service, or gender. *

○ Yes, our policies and practices DO comply with the above Non-Discrimination Clause.

○ No, our policies and practices DO NOT comply with the above Non-Discrimination Clause.

Upload your organization's Non-Discrimination policy. *

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg

Do **NOT** upload your organization's entire employee handbook. Only submit the pages that contain your organization's non-discrimination policy. **Max 2 pages.**

Describe the goals your organization has developed around diversity, equity, inclusion, and representation. How do you track progress against these goals? *

Limit: 100 words

What ways are these values incorporated into your organization?

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

Limit: 250 words

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

LEADERSHIP INFORMATION

List your current board members. *

Limit: 100 words

Please list each board member's name, role (if any), and professional affiliation (employer and title).

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

Limit: 150 words

How many paid employees does your organization have? *

[⇅]

ORGANIZATIONAL FINANCES

What range best describes your organization's current annual operating budget? * *

[Select...   ⌄]

* There is no operating budget cap for this program.

Organization Budget: *

[Choose File]

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .xls, .xlsx

Attach your organization's operating budget for your most recently completed fiscal year which should include both budgeted and actual revenues and expenses. **Max 2 pages**.
We strongly recommend using our operating budget template: Organizational Budget Worksheet (https://omahafoundation.org/wp-content/uploads/2020/01/OCF_OrganizationBudget_Worksheet.xlsx)
This ensures reviewers can easily read and assess your budget information.

Does the Organization Budget you provided represent actual or aspirational revenues and expenses? *

○   The budget provided represents my organization'a actuals.

○   The budget provided represents my organization'a aspirational budget.

- If incorporated for less than 12 months, an aspirational budget is acceptable but it should be realistic for a new organization and its capacity. Be sure to note in the budget narrative where funding will come from to support your budget.
- If incorporated for a year or more, we need your budget (https://omahafoundation.org/wp-content/uploads/2020/01 /OCF_OrganizationBudget_Worksheet.xlsx)-to-actuals (https://omahafoundation.org/wp-content/uploads/2020/01 /OCF_OrganizationBudget_Worksheet.xlsx) for the most recently completed fiscal year.

Organization Budget Narrative: *

Limit: 100 words

Please provide any additional supporting information you'd like to provide about your organization's operating budget. If you are submitting an aspirational budget, please explain why above.

CONTACT INFORMATION

Organization's Executive Director/CEO: *

First Name

Last Name

Title: *

Limit: 3 words

Office Phone *

🇺🇸 [   ]

(xxx) xxx-xxxx

Executive Director/CEO Email: *

[email@example.com]

Does the ED/CEO support this funding request? *

◯ Yes

◯ No

Is the primary contact for this funding request the same as the ED/CEO above? *

◯ Yes

◯ No

REQUEST OVERVIEW

Each question has a word limit to encourage a thoughtful, clear, and concise response.

Project Title: *

[   ]

Limit: 5 words

Please do **NOT** use your organization's name in the project title.

Proposal Start Date *

[📅]

Proposal Completion Date *

[📅]

Funding for this grant program must be used by December 31 of the current calendar year.

Amount Requested: *

$ [   ] ⇕

Please be aware that full funding is not always possible and never guaranteed. Be sure that your request amount is both reasonable and sufficient to achieve your stated goals.

Which Equality Fund priority area best fits your proposal? *

Select...	⌄

Request Summary: *

[text area]

Limit: 50 words

Provide a high-level overview of the project or activities you would like to fund with this request. Clearly state what will be the result?
Note: The Omaha Community Foundation may use the content of this application and any awards received in educational and promotional efforts. These materials might include: communications with other donors or foundations, printed or electronic publications, websites, social media, or other electronic communications.

APPLICATION QUESTIONS

What is the need, problem, or opportunity being addressed? *

[text area]

Limit: 100 words

Clearly explain the need and how your proposal will address it. Use supportive data to build a strong case statement, if available.

Describe how your proposal connects to the findings in the Omaha Metro LGBTQIA+ Strengths and Needs Assessment. *

[text area]

Limit: 250 words

Click to access the Omaha Metro LGBTQIA+ Strengths and Needs Assessment (https://omahafoundation.org/wp-content/uploads/2019/06/LGBTQIA-Strengths-and-Needs-Assessment.pdf).

Describe the strategy you will use to address the need, problem, or opportunity described above. *

Limit: 200 words

Describe the action steps you will take; outline the major milestones, describe your participants or audience, and include a brief timeline.

Describe the results you expect for your agency, the people you serve, and our community as a result of this project. *

Limit: 200 words

Who will be served by this proposal? (Demographics) *

Limit: 200 words

Describe in detail who will benefit from this service, program, or initiative? Which persons, organizations, or systems will be served by your proposal? Please include known demographic information such as age range, population zip codes, and other details that will paint a picture of who you are serving with this request.

How many people will be served by this proposal? (Annual Service Numbers) *

Please be realistic and base this number on your organization's capacity. A higher number is not always better. Calculate the cost per participant. Quality programming and implementation is key.

How will you know if your service, program, or initiative is successful? (Evaluation) *

Limit: 100 words

What does success look like? How will you measure success? When will you know if you have been successful? This should include a brief overview of the evaluation process for the program, project, or initiative.

If you are unsure how to answer this question, please review the Planning and Evaluation Guide (https://omahafoundation.org/wp-content/uploads/2019/02/OCF_PlanningEvaluation_Guide.pdf)

What will be different in the LGBTQIA+ community as a result of your work? (Outcomes) *

Limit: 200 words

This could include information such as a change in skills, knowledge, attitudes, beliefs, behavior, circumstance or anything else you measure as part of determining your impact.

Describe how you are working with other nonprofits, businesses, or government organizations. If you are not working with others, clearly explain why. (Collaboration) *

Limit: 100 words

Often, community issues require more than a single program or service. Describe how you address this priority area working with other nonprofits, businesses, or government organizations. This could be around who you work with to deliver services, advocating for policy issues, or any other important partnerships you have that help improve the priority area you identified.

How will you continue the work described in this proposal beyond the grant period? (Sustainability)

Funding for this grant program must be used by December 31 of the current calendar year. Additionally, all proposal activities must be completed no later than December 31 of the current calendar year.

How were the voices of those impacted included in the development and/or implementation of this service, program, or initiative? (Representation) *

Limit: 100 words

PROPOSAL FINANCES

Total Project Cost: *

$ [   ] ⇕

What is the total amount needed to fully implement this proposal?

Project Budget: *

[Choose File]

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .xls, .xlsx

Attach a detailed proposal budget that lists expenses, anticipated revenue, and sources (secured and unsecured). **Max 2 pages.**
We strongly recommend that you use our budget template: Proposal Budget Template (https://omahafoundation.org/wp-content/uploads/2020/01/OCF_ProposalBudget_Worksheet.xlsx)
This ensures reviewers can easily read and assess your budget information.

Expense Narrative (Project Budget) *

[   ]

Limit: 100 words

How will funding from this request be used? If there is a large gap between the total project cost, the amount requested, and the amount secured--explain what will happen if no additional funds are raised. Use this space to provide any needed clarification regarding the expenses in your proposal budget.

Revenue Narrative (Project Budget) *

[   ]

If there is a large gap between the total project cost, the amount requested, and the amount secured--explain what will happen if no additional funds are raised. Use this space to provide any needed clarification regarding the revenues in your proposal budget.

RELEASE OF APPLICATION INFORMATION

By submitting this proposal, you affirm that the Omaha Community Foundation may use the content of this application and any awards received in educational and promotional efforts. These materials might include: communications with other donors or foundations, printed or electronic publications, websites, social media, or other electronic communications.

☐ **I have read and agree to the release of application information. ***