

ATTACHMENT II- AGENCY INFORMATION

ADMINISTRATION

Agency Name			
Physical Address			
Mailing Address			
City, State Zip			
Phone		Fax	
Primary Contact		Title	
Phone/Ext.		Fax	
Email Address			
Secondary Contact		Title	
Phone/Ext.		Fax	
Email Address			
Website			

DEMOGRAPHICS

Is service to or for the LGBT Community the primary purpose of your organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If "Yes", indicate which LGBT population.	<input type="checkbox"/> All LGBT Categories	<input type="checkbox"/> Lesbians <input type="checkbox"/> Bisexuals	<input type="checkbox"/> Transgender <input type="checkbox"/> Gay Men
If "No" indicate the primary focus of your organization	<input type="checkbox"/> Aging <input type="checkbox"/> The Arts <input type="checkbox"/> Diversity/Social Justice	<input type="checkbox"/> Education <input type="checkbox"/> Faith/Religion <input type="checkbox"/> Mental Health	<input type="checkbox"/> Physical Health <input type="checkbox"/> Poverty/Housing
What is your organization's primary ethnic population focus?	<input type="checkbox"/> All Ethnicities <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latina/Latino <input type="checkbox"/> Native American	<input type="checkbox"/> Other _____ _____ _____
Where is the location of your organization's office?	<input type="checkbox"/> Alamance <input type="checkbox"/> Davidson <input type="checkbox"/> Other _____	<input type="checkbox"/> Forsyth <input type="checkbox"/> Guilford	<input type="checkbox"/> Randolph <input type="checkbox"/> Rockingham
Indicate your organization's primary service area.	<input type="checkbox"/> Alamance <input type="checkbox"/> Davidson <input type="checkbox"/> Other _____	<input type="checkbox"/> Forsyth <input type="checkbox"/> Guilford	<input type="checkbox"/> Randolph <input type="checkbox"/> Rockingham
Is your organization part of an education institution?	<input type="checkbox"/> No <input type="checkbox"/> K-12	<input type="checkbox"/> Technical/Vocational	<input type="checkbox"/> College University

DIVERSITY

Below, please provide your non-discrimination policy or your non-discrimination statement if you do not have a written policy. You may attach this as a separate document if preferred.

How does your agency address the concerns of both diversity and inclusiveness? (200 words or less)

MISSION

Please provide your organization's mission statement, as approved by your Board.

FISCAL

Dates of Current Fiscal Year (As of the GGF Grant Submission Deadline)		Current Fiscal Year Budget	
Dates of Upcoming Fiscal Year		Upcoming Fiscal Year Budget	
Dates of Prior Fiscal Year		Prior Fiscal Year Actual Revenues	Prior Fiscal Year Actual Expenses



BOARD OF DIRECTORS

Name of Agency _____

Please use an additional sheet if needed.			
	Name	Position/Title	Term Expires
1			4/12/2011
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			