

## 2011 GRANT APPLICATION

### DESCRIPTION

Agency Name					
Grant Title					
Grant Description (One-Three sentences)					
Start Date			End Date		
Grant Amount Requested		Program/Project Total Budget		% from GGF Grant	
Please provide a comprehensive description of this program/project (500 words or less)					

**PROGRAM FINANCIAL SUMMARY**

Include only expenditures related to the specific program.  
Program expenditures and revenues must balance.

PROGRAM EXPENSES	Budget Amount	Amount Requested from GGF
Salaries		
Employee Benefits		
Payroll Taxes		
Professional Fees		
Supplies		
Program Food		
Telephone		
Postage		
Facility		
Equipment Maintenance/Rental		
Printing & Publications		
Staff Travel		
Staff Development/Training		
Other:		
Other:		
Other:		
Other:	Fill-in	Fill-in
<b>TOTAL EXPENSES</b>	Fill-in	Fill-in

Please explain "Other" expense items.



**GRANT DEMOGRAPHICS**

What age group will your initiative primarily benefit?	<input type="checkbox"/> Children (0-12) <input type="checkbox"/> Youth (13-17/18)	<input type="checkbox"/> Young Adult (18/19-25) <input type="checkbox"/> Adult (26-65)	<input type="checkbox"/> Aging (66 & up)
Which LGBT population does your initiative address?	<input type="checkbox"/> All LGBT Categories	<input type="checkbox"/> Transgender <input type="checkbox"/> Bisexuals	<input type="checkbox"/> Lesbians <input type="checkbox"/> Gay Men
Which category best describes the purpose of your grant request?	<input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Advertising/Marketing <input type="checkbox"/> Issue Advocacy/Public Policy <input type="checkbox"/> Ally/Solidarity Building <input type="checkbox"/> Arts & Culture	<input type="checkbox"/> Faith/Religion <input type="checkbox"/> Hosting a Conference, Seminar or Speaker <input type="checkbox"/> Capacity Building <input type="checkbox"/> Media/Online Services	<input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Health (Non HIV/AIDS) <input type="checkbox"/> Presenting Trainings or workshops <input type="checkbox"/> Scholarships
What is the primary ethnic population focus of your initiative?	<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 _____ _____ _____

**COMMENTS**

Please provide any additional information relevant to this grant request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Title or Authority of Signer