

INSTRUCTION PAGE

Thank you for your interest in submitting a grant to the Guilford Green Foundation. We are pleased to assist with funding for programming/projects that advance the well being of the Piedmont Triad LGBT Community

Your Submission Must Include:

| Item | Copies | Complete |
|---|-----------|--------------------------|
| 2011 Grant Application | 12 Copies | <input type="checkbox"/> |
| Attachment I – Terms & Conditions (Signed) | One Copy | <input type="checkbox"/> |
| Attachment II – Agency Information | One Copy | <input type="checkbox"/> |
| Attachment III--IRS Tax Exempt Letter 501c3 | One Copy | <input type="checkbox"/> |
| Overdue tax statement or letter of compliance. | One Copy | <input type="checkbox"/> |
| Your non-discrimination policy or statement as an attachment *if not completed in the grant application. | *One Copy | <input type="checkbox"/> |
| If possible, please send one copy of your 2011 GGF Grant Application by email to icanada@GGFNC.org | One Copy | Yes No |

Please submit your completed Grant Application Package to:

Gifting Committee
Guilford Green Foundation
301 South Elm St. Ste 211
Greensboro, North Carolina 27401

Completed Grant Applications must be received no later than August 8, 2011.
Application packages may be sent by mail or hand delivered.

Please note that for organizations or institutions requesting funding for separate activities, separate grant applications must be submitted. However, for organizations or institutions requesting funding for separate expenditures benefiting one activity or one general purpose, only one application is necessary.

If you have questions, please contact:

| | | | |
|--------------------|-------------------------|----------------|--|
| Ivan Canada | Executive Director | (336) 790-8419 | icanada@ggfnc.org |
| Jehan Benton-Clark | Gifting Committee Chair | (336) 215-1295 | jbentonclark@gmail.com |



Guilford Green Foundation
Grant Application Package Step-By-Step Guidance

Instruction Page

The instruction page does not need to be returned. It is for your use.

2011 Grant Application

In our attempts to simplify the granting process we ask that you send 12 copies of the Grant Application. As listed below, you send only one copy of the other forms.

Attachment I – Terms & Conditions

Complete, sign and return one copy.

Attachment II – Agency Information

Complete and return one copy.

Attachment III--IRS Tax Exempt Letter 501c3

Please send a copy of your letter. You will have received this letter with the granting of your non-profit status.

Overdue tax statement or letter of compliance.

Please copy the provided information onto your agency's letterhead. Please insert the requested information and obtain the requested signatures. Organizations that do not have staff should insert their President or Chair's information and signature. If you have co-chairs both names should be inserted. Modify the titles beneath the signatures as needed. Your agency would have received a letter from the IRS if you have overdue taxes. Agencies that have no paid staff are not required to have the form notarized.

Date

To: Guilford Green Foundation

Certification:

We certify that <<Agency Name>>, does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143-6.2(b2) is guilty of a criminal offense punishable as provided by N.C.G.S. 143-34(b).

Sworn Statement:

<<Board Chair Name>> and <<Executive Director Name>> being duly sworn, say that we are the Board Chair and Executive Director, respectively, of <<Agency Name>> of <<Agency Location>> in the State of North Carolina, and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

Board Chair

Executive Director

Sworn to and subscribed before me on the day of the date of said certification.

(Notary Signature and Seal)

My Commission Expires:



Your non-discrimination policy or statement as an attachment *if not completed in the grant application.

Enter your policy or board approved statement in the grant application or provide it as an attachment. If providing it as an attachment enter "Attachment".

If possible, please send one copy of your 2011 GGF Grant Application by email to icandada@ggfn.org. Mark "Yes" if you are able to send an electronic copy and "No" if you cannot send a copy. This would be in addition to the required hard copies sent by mail.

2011 Grant Application

Agency Name

Self explanatory.

Grant Title

A phrase or sentence that would summarize the grant. Samples from our GGF website include:

- Emergency Food Pantry for Clients Living with HIV
- Support for Triad Pride 2011
- Relocation Expenses
- YouthSAFE Social networking and support for LGBTQ students
- Emergency Housing Assistance Program for LGBT Youth
- ASIST suicide prevention program training for LGBT community
- Scholarships for the diversity leadership program, Anytown
- Marketing and Outreach Supplies
- HIV Medical case management in Davidson County

Grant Description

Expand your description to up to three sentences that most clearly describe the grant request.

Start Date

When would the project/event begin?

End Date

When would the project/event end?

Grant Amount Requested

This is the amount of money you are requesting from the Guilford Green Foundation.

Program/Project Total Budget

This is the budget for the project or event. Please note, this is the budget for the project and not the budget for your entire organization.

Percentage from GGF Grant

For example, if your total budget for the project was \$900 and you requested a \$500 GGF Grant, the percentage from GGF would be **56%**. \$500 divided by \$900 times 100. Please round to two places.

Comprehensive Description

In 500 words or less describe the purpose of the initiative, why it is needed and how it will operate. Information to be included will vary according to the type of initiative. Convince us of the value of the initiative and why we should fund it. Possible information that should be addressed in your narrative include: What are its goals and objectives? Why is it needed? How will it operate or be administered? How many people will be involved as participants and as administrators? Will it operate in conjunction with other agencies? What community conditions are being addressed by the program? How many people are being affected by the problem and within what population are they found? What are the unique needs, characteristics, and barriers experienced by your target population? What are the specific eligibility requirements for participation in the program? Are there exceptions made to these requirements? When? What actually happens when clients participate in the program? Please be concise, but provide a narrative that will explain the value of this program/project and why GGF should fund it.

PROGRAM FINANCIAL SUMMARY

This section refers only to the project/initiative. It does not refer to your agency's budget.

Program Expenses

Please list all expenses for the initiative. If you need additional "Other" spaces, you may strike through any of the unused listings and add it on that line.

Program Support & Revenue

Where's the money coming from? Please list all sources of funding for this initiative. If additional lines are needed for "Other Sources", you may strike through any of the unused listings and add it on that line.

Evaluation

How will you evaluate the value of your initiative? Please provide concrete benchmarks where appropriate. After reviewing your application we may follow up with requests for clarification or additional information. You are welcome to consult with GGF staff about the evaluation prior to submission of your application package. Discussion of any part of the application package should not be considered as a recommendation of approval for the grant request.

Sample outcomes might be:

- 95% of participants will increase their knowledge about specific topics covered in training and indicate that they will apply the knowledge to their current volunteer role
- Number and percent of youth who return home
- Number and percent of participants who earn better grades in the grading period following participation in the mentoring program
- 25% decrease in the incidence of LGBT bullying
- Number and percent of community agencies that report an increase in new participants who came to their agency as a result of a call to the information and referral hotline

GRANT DEMOGRAPHICS

Age Group

What age group/s does your grant request target or benefit?

LGBT Population

Which LGBT category/ies does your grant request target or benefit?

Purpose of Grant

Select the one category that best describes the purpose of your grant request. If no category seems appropriate, please select the one that best fits and add a note in the comments section with your suggestion for an appropriate category.

Ethnic Population Focus

Does your initiative focus on or serve a particular ethnic population? Please indicate which one. If your initiative is focused on or serves the general population please mark "All Ethnicities".

Comments

Please provide us with any pertinent comments regarding your grant application. Please include any comments you think would be helpful in the consideration of your grant request.

Attachment I – Terms and Conditions

Please enter the name of your requesting organization in the last paragraph where it says, "on behalf of (____)". Please read carefully before signing the document.

Attachment II – Agency Information

** This is about your agency only and should not reflect information about your grant request.*

Administration

Two contacts are required.

AGENCY DEMOGRAPHICS

Organizational Purpose

Please indicate if your organization's primary purpose is service to or for the LGBT Community.

If you answered "Yes" to the LGBT Population question, please indicate the appropriate category/ies.

If you answered "No" to the LGBT Population question, please indicate the appropriate category/ies.

Ethnic Population

Does your agency focus on or serve a particular ethnic population? Please indicate which one/s. If your initiative is focused on or serves the general population please mark "All Ethnicities".

Office Location

Please indicate which county your primary office is located in. If you do not have an office, indicate the county where most meetings/events/efforts occur.

Service Area

Please indicate which county is your organization's primary service area. You may offer services to additional counties. However, we would like you to only indicate the county where most of your services occur.

Educational Institution

Please mark "No" if your agency is not part of an educational institution. If you are part of an educational institution please indicate which type.

Diversity

Please enter your non-discrimination policy or board approved non-discrimination statement. If you are going to provide it as an attachment, please write "Attached". If you do not have a policy or board approved statement please explain.

Diversity and Inclusiveness

What efforts does your agency use to promote both diversity and inclusiveness on your board, in selection of staff and to services to the community?

Mission Statement

Please enter your organizations mission statement or provide it as an attachment. If providing as an attachment, please enter "Attachment".

FISCAL

Current Fiscal Year

Please use the submission deadline of August 1, 2011 to determine the dates of your current, prior and upcoming fiscal years.

Here are some examples.

Fiscal Year: July 1, 2010-June 30, 2011 **Prior Fiscal Year**

Fiscal Year: July 1, 2011-June 30, 2012 **Current Fiscal Year**

Fiscal Year: July 1, 2012-June 30, 2013 **Upcoming Fiscal Year**

Fiscal Year: Aug 1, 2010-July 31, 2011 **Prior Fiscal Year**

Fiscal Year: Aug 1, 2011-July 31, 2012 **Current Fiscal Year**

Fiscal Year: Aug 1, 2012-July 31, 2013 **Upcoming Fiscal Year**

Fiscal Year: Jan 1, 2010-Dec 31, 2010 **Prior Fiscal Year**

Fiscal Year: Jan 1, 2011-Dec 31, 2011 **Current Fiscal Year**

Fiscal Year: Jan 1, 2012-Dec 31, 2012 **Upcoming Fiscal Year**

Please list your actual (not your budgeted) Revenues and Expenses for your prior fiscal year.

Board of Directors

Please list the name, position/title and term expiration date for each board member. You may attach this as a document if preferred. If so, please indicate "Attachment".