



2019 Grant Application

Contact Information

Full Legal Organization Name

DBA

Street Address

City

State

Zip Code

Organization Website

**Organization President /
Executive Director**

Title

Phone Number

E-Mail Address

Contact Name

Title

Phone Number

E-Mail Address

Executive Summary

Organization Background

Year Established

Tax ID

Fiscal sponsor name

Fiscal sponsor address

Total Organization Budget

% of Budget dedicated to LGBTQ-
centered programs

Total # of Staff

Total # of Board Members

Total # of Volunteers

How does your organization use
volunteers and what is the dollar
value of volunteer time?

Organizational Mission Statement

Brief Description of Organization

Population Served by
Organization

Proposal Request

Program / Project Name

Total Program Budget

Requested Amount

Percent of Total Budget

Type of Request

TPIF Funding Priority

Check box if request is for non-urban areas

Grant Period From

Grant Period To

Geographic Area Served

Demographic breakdown of
Population served

Provide information on:

1) main issues/problems/need this funding request addresses and detail how you will address them;

2) how the proposal relates to TPIF's mission and priorities.

Number of unduplicated LGBTQ persons served annually by proposal

Implementation Timeline

- 1) Describe impact on LGBTQ people.
- 2) Goals, Evaluation, and Performance Measures

Budget Justification

Describe plans to support the proposal after the grant term has ended.

Provide a list of all other entities asked or planning to ask for support on the proposal along with dollar amounts.

Please provide the following documents as attachments and follow the instructions below for format and names. Failure to submit all required documents or submit in the correct format with the correct name will result in your application not being considered for review. Application and required documents will only be accepted via e-mail at grants@txpif.org. Submissions are due by 5 pm CST on due date. Any submissions received after 5 pm will be considered late and not reviewed.

All documents below must be submitted in PDF format and the documents must be titled `OrganizationalName_document`. Example: `TexasPrideImpactFunds_Charitable`.

1. Copy of your 501(C)(3) (`OrganizationalName_Charitable`)
2. List of Key Staff with Name and Title (`OrganizationalName_Staff`)
3. Board list with their affiliations (`OrganizationalName_Board`)
4. Organizational budget for current fiscal year (`OrganizationalName_Budget`)
5. Most recent 990 (`OrganizationalName_990`)
6. Year-to-Date Financial Statement (`OrganizationalName_YTDFinancial`)
7. Most recently completed fiscal year Financial Statement (`OrganizationalName_Financial`)