



*Our Fund is a community foundation that exists to support a sustainably livable community for all South Floridians by promoting and increasing responsible philanthropy directed at agencies advancing lesbian, gay, bisexual and transgender issues in Broward, Miami-Dade and Palm Beach Counties.*

## Grant Program Application

### **Grants Overview**

Our Fund Foundation awards grants twice a year to agencies advancing LGBT issues in Broward, Miami-Dade or Palm Beach Counties in support of innovative and compelling projects.

Grant proposals typically fall in one of five areas: youth services, elder needs, health & education, women's issues, and arts & culture.

### **Grant Program Guidelines and Reporting**

Please refer to the Grant Program Guidelines and Impact Report on our website: [www.Our-Fund.org](http://www.Our-Fund.org) under 'Community Impact'.

### **Screening Criteria**

**In order to apply for grants from Our Fund Foundation, an organization must:**

- Provide services that benefit LGBT communities and causes in Broward, Miami-Dade and Palm Beach Counties
  - Be a not-for-profit under section 501(c)(3) of the Internal Revenue Service code
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- ❖ Preference is given to projects and programs that respond to an unmet need in our community.
  - ❖ Grants cannot be awarded to projects in consecutive grant cycles. Projects must wait one cycle after being awarded to be eligible to apply again.

**Grants will not be awarded to projects or programs which:**

- Are outside of South Florida service area
  - Promote legislative change
- ❖ Religious organizations may be funded to conduct projects/programs which meet the above guidelines and priorities provided these projects/programs do not support religious work or promote specific religious beliefs.

**Application Timeline:**

Our Fund Foundation awards grants bi-annually. Special consideration outside of the grant cycle timeline will be made for projects/costs associated with unexpected executive search and transition activities.

**Grant Cycle Timeline:**

Spring/Summer: February 28, Grant applications due  
April 15, Grant awards announced

Fall/Winter: August 31, Grant applications due  
October 15, Grant awards announced

**Who Makes Grant Decisions:**

The Grant Distribution Committee is composed of the Chief Executive Officer, one member of Our Fund's Board of Directors, and community volunteers. The committee, or a representative of the committee, initially reviews each grant request to ensure the organization meets the minimum criteria. Thereafter, the full Grant Distribution Committee evaluates the requests from organizations that meet the minimum criteria. Each applicant must be prepared to meet with the grant committee for a scheduled interview. The committee will then make recommendations for funding to the Our Fund Board of Directors.

The Our Fund Board of Directors votes on final approval of all grant applications.



## Our Fund Grant Application

You may type your information below

### Application Information

Name of Organization:

Mailing Address:

City:

State:  Zip Code:

Website:

FEIN Number:

Contact Person:

Email Address:  Phone Number:

(if applicable)  
Fiscal Sponsor:

Address:

Phone Number:

### Project Information

Program Title:

Amount Requested:  Project Duration   
(\$10,000 limit) (In months):

## CERTIFICATION OF ACCURACY

I hereby certify that the information included in this application is true and correct. The undersigned represents that he or she is duly authorized to sign this Grant Application and does so in his or her named capacity as an officer or representative of the above-identified organization.

Signature of Authorized  
Officer:

Date:

Name and Title:

## GRANT PROPOSAL

1. Executive Summary: As an attachment, please provide a one-paragraph summary (no more than 250 words) of the project for which you are seeking funds and how it supports the organization's mission.

2. Organizational Background

Please include the organization's mission statement, brief history of accomplishments, governance, area and population served. If this is a collaborative project, describe the lead agency and its relation to others involved (250 word maximum).

3. Proposal details

Please separate and number your responses to match each prompt below (250 word maximum for each answer):

- a. What evidence is there that this project is needed and how would your project meet this need?
- b. Who and how many people will benefit from this project? Elaborate on target communities.
- c. What is your organization's expertise and experience with this type of program and target population?
- d. Does your project involve underrepresented members of the LGBT community? If so, how?
- e. Describe two measurable objectives for this project. How will you measure your success in meeting these objectives?

- f. Describe the timeline for this project, including benchmarks for reaching measureable objectives stated above.
- g. How can this project increase the awareness of Our Fund and promote its underlying purpose of expanding philanthropy throughout South Florida?

**Grant recipients agree to provide a financial accounting for funded projects/ programs and are required to submit a written report at the completion of their project/ program.**

## **ATTACHMENTS CHECKLIST**

- IRS Letter of Determination of tax exemption under Section 501 (c)(3) of the Internal Revenue Code
- List of current board members with professional affiliations
- Non-Discrimination Policy
- Most recent IRS Form 990 (if applicable) Sections I to IX. If your organization did not file a 990, provide a year-end financial statement for the most recent fiscal year
- Current year operating budget
- Project budget
- A list of foundations, corporations, governmental agencies, and individuals who funded the organization in the last fiscal year (\$1,000 and above for agencies with budgets <\$500,000 / \$5,000 and above for agencies >\$500,000)

**If not submitting electronically, please include one unstapled single-sided copy of each attachment.**

**Please submit applications to Our Fund Communications Associate, Obed Caballero at [OCaballero@our-fund.org](mailto:OCaballero@our-fund.org) or mail to address below.**

**Thank you.**