

FY22 Programming & Capacity Building Project Grants Narrative Template

This template is for your reference only. All applications, work samples, and supplement materials must be submitted online through SurveyMonkey Apply (SM Apply). AHCMC cannot accept anything by mail or email.

***Please note that there may be formatting differences on the SM Apply grants portal, however the content of the questions will remain as seen on this template. ***

All required questions are marked with an asterisk (*). All text responses have a character count that includes spaces.

Submit this application no later than **Friday, February 12, 2021 at 11:59 p.m.**

Basic Information

***Are you applying on behalf of an organization or group?** For the purposes of this grant, organizations, as opposed to groups, are recognized by the U.S. Internal Revenue Service (IRS) as a public charity or otherwise officially established as a tax-exempt 501(c)(3) institution.

- Organization
- Group

***Organization Legal Name (name provided to the IRS):**

DBA (doing business as), if different:

***Organization Address:**

***Organization City:**

***Organization State:**

***Organization ZIP Code:**

***Organization EIN:**

Website:

***Contact Name:**

***Contact Title (i.e., Director of Development):**

***Contact Phone Number:**

***Contact Email:**

***Name of Executive Director, CEO, Managing Director, or comparable position:**

***Title:**

***Phone Number:**

***Email:**

***What months does your organization's/group's fiscal year begin and end?**

***What fiscal year is your organization/group currently in?**

***Select your organization's/group's primary discipline. ([Click here to access descriptions of the disciplines on the AHCRC website.](#))**

- | | | |
|--|---|---|
| <input type="radio"/> Dance | <input type="radio"/> Music | <input type="radio"/> Visual Arts |
| <input type="radio"/> Folk & Traditional Arts | <input type="radio"/> Philosophy, Ethics, and/or Comparative Religion | <input type="radio"/> Design |
| <input type="radio"/> History or Social Sciences | <input type="radio"/> Storytelling | <input type="radio"/> Presenting and/or Multidisciplinary |
| <input type="radio"/> Languages, Linguistics, and/or Literary Arts | <input type="radio"/> Theatre | <input type="radio"/> Other (please specify): |
| <input type="radio"/> Media | <input type="radio"/> Writing | |

***Is the project in a discipline other than your organization's/group's primary discipline?**

- Yes
- No

***If yes, select the discipline of the project below.**

- | | | |
|--|---|---|
| <input type="radio"/> Dance | <input type="radio"/> Music | <input type="radio"/> Visual Arts |
| <input type="radio"/> Folk & Traditional Arts | <input type="radio"/> Philosophy, Ethics, and/or Comparative Religion | <input type="radio"/> Design |
| <input type="radio"/> History or Social Sciences | <input type="radio"/> Storytelling | <input type="radio"/> Presenting and/or Multidisciplinary |
| <input type="radio"/> Languages, Linguistics, and/or Literary Arts | <input type="radio"/> Theatre | <input type="radio"/> Other (please specify): |
| <input type="radio"/> Media | <input type="radio"/> Writing | |

Eligibility Questions

***Does your organization/group have an arts and/or humanities-based mission?**

- Yes
- No

***Has your organization/group had its primary location and/or verifiable mailing address in Montgomery County, MD for at least 12 consecutive months prior to the application deadline?**

- Yes
- No

***Does your organization/group operate as a non-profit?**

- Yes
- No

Project Overview

***Project Title** (50 characters maximum without spaces):

***Project Type:** *Select all that apply.*

- Creation of new work
- A public event or program
- Capacity building

***Give a short summary of your project.** (750 characters maximum without spaces)

***Grant Request:**

(Must be at least \$1,000 and no more than \$10,000. **Note: requests for over \$5,000 require the applicant to provide proof of 501(c)(3) status.**)

***Total Project Cost:**

(may exceed \$10,000)

***Project Date start and end dates:**

(must be between 7/1/2021 and 6/30/2022)

Project Location Details

Only applicable for projects that involve public events and/or programs.

Events/programs must be open to the public with or without an admission fee, in person or virtually. If in person, activities should follow current COVID-19 guidelines for in-person events as required by the Montgomery County Health Department. ([Click here for additional information.](#))

Do you anticipate that the activities in the project will be in-person or virtual? *Select all that apply.

- In-person
- Virtual

***If the project involves an in-person event, please provide the venue name and address.**

- Venue Name:
- Venue Address:

***Is the venue reserved or tentative?**

- Reserved
- Tentative

***Please describe the venue/project location.**

Include details such as the number of seats, technical capacity, whether it is an indoor or outdoor venue, etc. **If the project consists of online, virtual programming, please explain the medium that will be used to present the program/event (i.e., YouTube, Facebook Live, Zoom, Instagram Live, etc.) and why you have chosen that specific virtual medium.** (500 characters maximum without spaces)

Organization/Group Overview

***Describe the mission of the organization/group.** (1000 characters maximum without spaces)

***Provide an overview of significant organizational/group activities and achievements over the last 12 months.** Please highlight your organization's/group's most impactful activities and achievements; a full list may be uploaded in SM Apply. If your organization's/group's activities and achievements were adversely impacted and/or significantly reduced due to the COVID-19 pandemic, provide a statement below. (2,500 characters maximum with spaces)

***Describe diversity within the organization/group (staff, volunteers, and Board, if applicable).** Be as specific as possible by including characteristics such as, but not limited to, age, race/ethnicity, gender, sexual orientation, geographic location, economic status, and/or disability. Please describe any efforts, goals, or planned future actions to increase internal diversity. (2,500 characters maximum with spaces)

Quality of Proposed Project (25 points)

- Strength of overall project and potential to positively impact the applicant
- Clear alignment between project and the applicant's mission
- Appropriate steps taken to plan and design the project
- Clear and logical project evaluation plan
- Achievable outcomes and detailed description of how progress will be tracked and measured

***Provide a detailed description of the proposed project.** Specify whether the project represents new programming, a repeat of an earlier project, and/or a part of a series. What are the anticipated outcomes that will result from the completion of this project? (2,500 characters maximum with spaces)

***How does the project align with your organization's/group's mission?** Address how the project will positively impact your organization/group. (2,500 characters maximum with spaces)

***Describe the steps taken to plan and design the project.** (2,500 characters maximum with spaces)

***How will your organization/group track and measure the outcomes of the project?** If the project has been implemented before, explain lessons learned and provide any pertinent data obtained, such as attendance numbers, etc. (2,500 characters maximum with spaces)

Programming Quality (20 points)

- Develops programs that are aligned with the applicant's mission
- Engages a diverse team of arts, humanities, and/or cultural professionals qualified to achieve the applicant's mission
- Provides programs that are relevant and inspiring to communities for whom they are intended
- Demonstrates innovation and creativity in performing, presenting, and/or producing the arts and/or humanities discipline

***How is your organization's/group's regular programming aligned with its mission?** (2,500 characters maximum with spaces)

***Briefly describe the qualifications of the key artists/scholars involved in your organization's/group's programming.** In addition to this description, bios for artists/scholars may be uploaded in SM Apply. (2,500 characters maximum with spaces)

***Describe how your organization/group selects programs that resonate with the intended audience.** Include how feedback is solicited and used to inform programming. (2,500 characters maximum with spaces)

***How does your organization/group demonstrate innovation and creativity in performing, presenting, and/or production of the arts and/or humanities discipline?** (2,500 characters maximum with spaces)

Community Impact (35 points)

- Clear commitment to being accessible to, collaborating with, and engaging under-resourced and marginalized communities
- Uses data and demographics to clearly define audience and demonstrates an understanding of the community to be served
- Includes the community in project planning and evaluation, and is responsive to community feedback
- Provides evidence of strong outreach and marketing strategies

***Identify and describe the intended audience for the project.** Be as specific as possible by including characteristics such as, but not limited to, age, race/ethnicity, gender, sexual orientation, geographic location, economic status, disability, and whether community is underserved and/or a special interest group. (4,000 characters maximum with spaces)

***Describe efforts to reach, engage, and collaborate with your organization's/group's intended audience, both in terms of project planning and evaluation.** (2,500 characters maximum with spaces)

***How will your organization/group publicize the project to the intended audience?** Describe marketing and publicity plans, including free and/or paid sources. (2,500 characters maximum with spaces)

***How does your organization/group ensure that programs, services, facilities, and online media are accessible to the public and ADA compliant?** Include barriers to participation your organization/group has identified and has addressed or plans to address. (2,500 characters maximum with spaces)

Administrative Capability (20 points)

- Administrative structure is appropriate for the organization's/group's size
- Evidence of qualified staff (paid or volunteer) with project management experience
- Realistic implementation timeline
- Well-researched, clear, realistic, and complete budget and budget notes
- Efforts to seek other sources of support
- Completeness and clarity of the application

***Describe the responsibilities of key staff, volunteers, and/or contractors responsible for the planning and implementation of the project.** If a key position is not filled, include a recruitment plan to fill the position. In addition to this description, bios for key staff/group members, volunteers, and/or contractors must be uploaded to SM Apply. (2,500 characters maximum with spaces)

***Provide a timeline for the project.** Include approximate dates/months/timeframes for specific administrative, marketing, publicity, fundraising and programmatic activities, project milestones, and/or other significant events scheduled to occur to bring the project to fruition. The full project timeline should be outlined; however, grant funds can only be allocated for activities occurring between **July 1, 2021 and June 30, 2022**. (2,500 characters maximum with spaces)

***Describe efforts to seek other sources of support such as in-kind contributions, other grants, sponsors, cash donations, fundraising, etc.** (2,500 characters maximum with spaces)

***Will the organization/group undertake the project if the AHCMC grant is not awarded, or if the award is lower than the original request?** Explain potential scope reductions (programmatic, staff, budget reductions, etc.) that may occur if the grant award is lower than anticipated. (2,500 characters maximum with spaces)

Project Budget

SurveyMonkey Apply will have a fillable chart for this section.

- **Your budget must be balanced: total expenses MUST equal total income.**
- Do not use the dollar sign or symbols such as a comma in the amount column.
 - Ex: If you'd like to enter one thousand dollars, type 1000 rather than \$1000 or \$1,000.
- If you need more space, you may combine items budgeted under \$1,000 into one line item and explain in the budget notes.

***Cash Expenses**

- List all project expenses, including expenses that may be paid for from sources other than the AHCMC grant award. (Review pages 4-5 of the FY22 PCBPG guidelines for a detailed description of allowable project expenses that can be paid for by AHCMC.)
- **Do not** include "miscellaneous" or "contingency" expenses.

Line Item	Description	Amount
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
Total Cash Expenses		\$ (SM Apply will automatically calculate)

***In-Kind Expenses**

- If items are donated, i.e., supplies or services, please list those items below. In-kind expenses are non-cash expenses.

Line Item	Description	Amount
1.		\$
2.		\$
3.		\$
4.		\$
Total In-Kind Expenses		\$ (SM Apply will automatically calculate)

***Cash Income**

- **The first line item must be "AHCMC Grant" with the requested grant amount of: (will autofill)**
- Please include any other sources of income for this project.

Line Item	Description	Amount
1.	AHCMC Grant	\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$

9.		\$
10.		\$
Total Cash Income		\$ (SM Apply will automatically calculate)

***In-Kind Income**

- If you entered in-kind items in the "In-Kind Expenses" section above, please re-enter those same items in the chart below.

Line Item	Description	Amount
1.		\$
2.		\$
3.		\$
4.		\$
Total In-Kind Income		\$ (SM Apply will automatically calculate)

Total expenses MUST EQUAL total income, as well as the total project cost entered at the beginning of the application.

- Total Project Expenses: SM Apply will calculate this total
- Total Project Income: SM Apply will calculate this total
- Total Project Cost: will autofill

Project Budget Notes

***Provide additional information about how the project expenses are calculated.** For example, if "Performer Fees \$1,500" is listed in the budget, provide additional detail about this line item here. (1,500 characters maximum without spaces)

***Please provide additional information about how the project income was calculated and information on income sources beyond the AHCMC grant request, if applicable.** For example, if ticket revenue is listed as income, explain how the total for ticket revenue was calculated (i.e., the number of performances, the price of tickets, the estimated number of tickets that will be sold). If "Other Grants \$1,500" is listed, provide information about that source of income. (1,500 characters maximum without spaces)

***Describe the in-kind contributions (donated goods, services, or discounts) allocated for the project.** If not applicable, indicate N/A. (1,500 characters maximum without spaces)

Work Sample(s) Description

This is a separate task from the application narrative.

***Explain what the work sample(s) is (i.e., a performance from 2019) and why the work sample(s) was selected.** Address how the sample(s) relates to the project and fulfilling your mission as an organization/group. (1,500 character maximum without spaces)

Uploads

All documents except for work samples must be submitted as PDFs. See work samples for acceptable file types. Contact AHCMC grants staff for assistance in converting documents to PDFs.

GROUPS

***Group Support Materials**

- List of group members;
 - Include residency and work addresses (city and ZIP Code accepted)
- Bios of key group members and/or volunteers;
- Current Strategic Plan, if available; and
- Organizational Chart, if available.

***Financial Support Materials**

- Operating budget with actuals for the most recently completed fiscal year;
- Current fiscal year operating budget with actuals year-to-date; and
- Current Balance Sheet, if available.

***Programming Support Materials**

- Include materials that will assist the panel in evaluating the applicant's programming, presenting, and/or producing activities (i.e., newspaper clippings, program booklet, photos, brochures, and/or flyers).
- **One PDF no more than 10 pages.**

***Work Sample(s)**

- Refer below to bullet number 5 under Organizations, labeled "Work Sample(s)."

ORGANIZATIONS

***Organization Support Materials**

- IRS Letter of Determination;
- List of Board of Directors with affiliation;
 - Include work and residency addresses (city and ZIP Code accepted)
 - Members who reside and/or work in Montgomery County should be highlighted
- Bios of key staff and/or volunteers;
- Current Strategic Plan, if available; and
- Organizational Chart, if available.

***Financial Support Materials**

- FY20 990, 990-EZ, or if not yet available, the letter of extension;
 - **If the FY20 990, 990-EZ, or 990-N is not received by AHCMC by June 1, 2021, the applicant will be disqualified**

- Profit & Loss Statement for the most recently completed fiscal year;
- Balance Sheet for the most recently completed fiscal year; and
- Current fiscal year operating budget with actuals year-to-date.

***Programming Support Materials**

- Include materials that will assist the panel in evaluating the applicant’s programming, presenting, and/or producing activities (i.e., newspaper clippings, program booklet, photos, brochures, and/or flyers).
- **One PDF no more than 10 pages.**

***Work Sample(s)**

- Upload work sample(s) that demonstrate the applicant’s abilities and achievements.
 - Applicants should submit their strongest work samples – quality work samples are critical to the evaluation of an application.
- Work samples can be submitted as image, video, and audio files, as well as PDFs.
 - Images: Maximum 10 images, up to 4 MB per file, which can be uploaded individually or formatted as one PDF.
 - Video: Maximum 2 videos, up to 100 MB per file, no more than five minutes combined.
 - Audio: Maximum 2 files, up to 10 MB per file, no more than five minutes combined.
 - Live video or audio hyperlinks can also be placed within PDF (i.e., a live hyperlink to YouTube within a PDF).
 - If the submitted video and/or audio is more than five minutes combined, applicants will be provided with a space to include instructions for which segments the panel should pay attention to. (Ex: Please click on the YouTube hyperlink to watch the video from 0:47 to 4:10)
 - Written Work:
 - Maximum 10 pages, double-spaced with at least 11-point font and 1-inch margins.
 - If the work submitted is a portion of a larger work, include a synopsis of the chapters and an outline of the complete work. Clearly explain how and where the piece submitted fits into the whole.
- Applicants are encouraged to submit samples reflecting recently completed work. Samples must adhere to the following guidelines for the discipline of the work in which the applicant is engaged.
 - For Presenting and/or Multidisciplinary: Work sample(s) must convey more than one artistic/scholarly discipline.
 - For Performing Arts: **Applicants are highly encouraged to submit video or audio work samples, instead of stills or photos.** If the applicant’s work includes audience interaction, a live performance recording is helpful.
 - For History or Social Sciences, Historical, Critical, or Theoretical Approaches to the Arts, Linguistics, Literary Analysis, Philosophy, Writing, Ethics or Comparative Religion: Follow the format for written work.
 - For Design, Media, and Visual Arts: Follow the format for video and image files.

AHCMC Reporting Data

Please fill out the charts below. **These charts are for our own reporting purposes. This information will not be factored into the application evaluation or be seen by panelists.** If any of the line items are not applicable, write "0" and please explain why in the comment box below.

Use the links below to answer the following questions about your organization's/group's districts:

- <https://maryland.maps.arcgis.com/apps/webappviewer/index.html?id=177afa87a67746a4ac5496b2d0897fb7>
- <https://www2.montgomerycountymd.gov/mccouncildistrict/>

***Federal House District:**

***State Senate District:**

***State Delegate District:**

***County Council District:**

The numbers below should reflect your organization's/group's allowable revenue and expenses for Montgomery County, MD.

Non-allowable cash operating revenue includes, but is not limited to:

- Unrealized gains or losses
- Investment revenues (interest and dividends)
- In-kind donations
- Revenue raised for capital
- Funds intended for re-granting

Non-allowable cash operating expenses include, but are not limited to:

- Investment Fees
- Interest Expenses
- Re-granting¹
- Capital improvements expenses/other related costs²
- Depreciation
- Loan principal payments
- In-kind donations
- Bad debt

¹ Scholarships, awards, and tuition assistance are considered forms of re-granting.

² Costs related to improving or expanding the organization's physical structure must be counted as capital improvement expenses, not as operating expenses.

Revenue & Contributions	Most Recently Completed Fiscal Year	Previous Fiscal Year	Three Fiscal Years Prior
City Revenue/Contributions			
County Revenue/Contributions			
State Revenue/Contributions			
Federal Revenue/Contributions			
Foundation Revenue/Contributions			
Corporate Revenue/Contributions			
Individual (non-Board) Giving Revenue/Contributions			
Board Giving Revenue/Contributions			
Other Contributed Revenue			
In-Kind Revenue			
Earned Revenue			
Investment Revenue			
Total Revenue	Auto-Calculated	Auto-Calculated	Auto-Calculated

Expenses	Most Recently Completed Fiscal Year	Previous Fiscal Year	Three Fiscal Years Prior
In-Kind Expenses			
Depreciation			
Expenses (all other expenses)			
Total Expenses	Auto-Calculated	Auto-Calculated	Auto-Calculated

*FTE is based on hours worked rather than number of employees. To calculate FTE, divide the number of total hours worked by the total hours for a full-time work week. For example, if an employer has a 40-hour workweek, employees who are scheduled to work 40 hours per week are 1.0 FTEs. Employees scheduled to work 20 hours per week are 0.5 FTEs. An employer with a 35-hour workweek would divide the employee's scheduled hours by 35 to determine the FTE.

Staff and Volunteers	Most Recently Completed Fiscal Year	Previous Fiscal Year	Three Fiscal Years Prior
Employee Salaries and Fringe Benefits (Full-time staff)			
Employee Salaries and Fringe Benefits (Part-time staff)			
Employee Salaries and Fringe Benefits (Contracted staff)			
Number of Full-Time Equivalent (FTE) Employees (Includes full-time, part-time, and contracted staff) *			
Volunteer Hours (Youth under 18)			
Volunteer Hours (Over 18)			

Activity Attendance	Most Recently Completed Fiscal Year	Previous Fiscal Year	Three Fiscal Years Prior
Event & Program Attendance (Youth under 18)			
Event & Program Attendance (Over 18)			
Paid Event & Program Attendance			
Free Event & Program Attendance			

Please explain if any of the line items above do not apply. (1,500 characters maximum with spaces)

Demographic Information

This information is being collected for reporting purposes only, will only be shared in the aggregate, and is for our own reporting purposes. **This information will not be factored into the application evaluation or be seen by panelists.**

The Organization's/Group's Executive Director, CEO, Managing Director, or comparable position

***Please indicate what race/ethnicity the Executive Director, CEO, Managing Director, or comparable position publicly self-identifies as.**

- Asian/Asian American/Pacific Islander
- Arab/Middle Eastern
- Black/African American/African
- Hispanic/Latino/Latina/Latinx
- Native American/American Indian/Indigenous
- White/Caucasian/European
- Multi-Racial or Multi-Ethnic (2 or more races or ethnicities)
- Decline to state

Please indicate which gender the Executive Director, CEO, Managing Director, or comparable position publicly self-identifies with. *Two drop-down lists.

- Female
- Male
- Non-binary
- Two-Spirit
- Decline to state
- Transgender
- Non-transgender (cisgender)
- Decline to state

***Please indicate what sexual orientation the Executive Director, CEO, Managing Director, or comparable position publicly self-identifies with.**

- Gay, Lesbian, Bisexual
- Heterosexual or Straight
- Asexual
- Decline to state

***Please indicate whether the Executive Director, CEO, Managing Director, or comparable position publicly self-identifies as a person with a disability.**

- Yes
- No
- Decline to state

The Organization's Board

*Unknown indicates the number of people for whom you have no demographic information.

*If the applicant is a group without a Board, please select "Not applicable" for all the following questions.

***How many Board members publicly self-identify as:**

- Asian/Asian American/Pacific Islander
- Arab/Middle Eastern
- Black/African America/African
- Hispanic/Latino/Latina/Latinx
- Native American/American Indian/Indigenous
- White/Caucasian/European
- Multi-Racial or Multi-Ethnic (2 or more races or ethnicities)
- Decline to state
- Unknown*
- Not applicable*

*** How many Board members publicly self-identify as (two separate responses):**

- | | |
|---|--|
| <input type="checkbox"/> Female | |
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Non-transgender (cisgender) |
| <input type="checkbox"/> Two-Spirit | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> Decline to state | <input type="checkbox"/> Unknown* |
| <input type="checkbox"/> Unknown* | <input type="checkbox"/> Not applicable* |
| <input type="checkbox"/> Not applicable* | |

***How many Board members publicly self-identify as:**

- Gay, Lesbian, Bisexual
- Heterosexual or Straight
- Asexual
- Decline to state
- Unknown*
- Not applicable*

***How many Board members publicly self-identify as a:**

- Person with a disability
- Person without a disability
- Decline to state
- Unknown*
- Not applicable*

The Organization's/Group's Paid Staff

*Unknown indicates the number of people for whom you have no demographic information.

*If the applicant has no paid staff please, select "Not applicable" for all the following questions.

*How many paid staff publicly self-identify as:

- Asian/Asian American/Pacific Islander
- Arab/Middle Eastern
- Black/African America/African
- Hispanic/Latino/Latina/Latinx
- Native American/American Indian/Indigenous
- White/Caucasian/European
- Multi-Racial or Multi-Ethnic (2 or more races or ethnicities)
- Decline to state
- Unknown*
- Not applicable*

* How many paid staff publicly self-identify as (two separate responses):

- | | |
|---|--|
| <input type="checkbox"/> Female | |
| <input type="checkbox"/> Male | |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Two-Spirit | <input type="checkbox"/> Non-transgender (cisgender) |
| <input type="checkbox"/> Decline to state | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> Unknown* | <input type="checkbox"/> Unknown* |
| <input type="checkbox"/> Not applicable* | <input type="checkbox"/> Not applicable* |

*How many paid staff publicly self-identify as:

- Gay, Lesbian, Bisexual
- Heterosexual or Straight
- Asexual
- Decline to state
- Unknown*
- Not applicable*

*How many paid staff publicly self-identify as:

- Person with a disability
- Person without a disability
- Decline to state
- Unknown*
- Not applicable*

The Organization's/Group's Volunteers

*Unknown indicates the number of people for whom you have no demographic information.

*If the applicant has no volunteers please select "Not applicable" for all the following questions.

*How many volunteers publicly self-identify as:

- Asian/Asian American/Pacific Islander
- Arab/Middle Eastern
- Black/African America/African
- Hispanic/Latino/Latina/Latinx
- Native American/American Indian/Indigenous
- White/Caucasian/European
- Multi-Racial or Multi-Ethnic (2 or more races or ethnicities)
- Decline to state
- Unknown*
- Not applicable*

* How many volunteers publicly self-identify as (two separate responses):

- | | |
|---|--|
| <input type="checkbox"/> Female | |
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Non-transgender (cisgender) |
| <input type="checkbox"/> Two-Spirit | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> Decline to state | <input type="checkbox"/> Unknown* |
| <input type="checkbox"/> Unknown* | <input type="checkbox"/> Not applicable* |
| <input type="checkbox"/> Not applicable* | |

*How many volunteers publicly self-identify as:

- Gay, Lesbian, Bisexual
- Heterosexual or Straight
- Asexual
- Decline to state
- Unknown*
- Not applicable*

*How many volunteers publicly self-identify as:

- Person with a disability
- Person without a disability
- Decline to state
- Unknown*
- Not applicable*