FY23 *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 <u>includes spaces</u>.

Submit this application no later than **Friday, February 18, 2022 at 11:59 p.m.**

Basic Information

If there are any contact, leadership, and/or address changes between the application deadline and June 1, 2022, the applicant must notify AHCMC staff in writing.

*Are you applying on behalf of an organization or group? AHCMC defines organizations as entities 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. Groups are not tax-exempt 501(c)(3) entities.
- o   Organization
- o   Group

*Organization/Group Legal Name (name provided to the IRS):
DBA (doing business as), if different:
*Organization/Group Address:
*Organization/Group City:
*Organization/Group State:
*Organization/Group ZIP Code:
Website:

All correspondence related to the grant will be sent to the contacts below. Please contact AHCMC staff if additional contacts should be included on correspondence.

*Grant Contact Name:
*Grant Contact Title (i.e., Development Director):
*Grant Contact Phone Number:
*Grant Contact Email:
Alternate Grant Contact Name:
Alternate Grant Contact Title (i.e., Development Director):
Alternate Grant Contact Phone Number:
Alternate Grant 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 AHCMC website](#).)

- Dance
- Folk & Traditional Arts
- History and/or Social Sciences
- Languages, Linguistics, and/or Literary Arts

- Media
- Music
- Philosophy, Ethics, and/or Comparative Religion
- Storytelling
- Theatre

- Writing
- Visual Arts
- Design
- Presenting and/or Multidisciplinary
- Other (please specify):

*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.

- Dance
- Folk & Traditional Arts
- History and/or Social Sciences
- Languages, Linguistics, and/or Literary Arts
- Media

- Music
- Philosophy, Ethics, and/or Comparative Religion
- Storytelling
- Theatre
- Writing

- Visual Arts
- Design
- Presenting and/or Multidisciplinary
- Other (please specify):

Eligibility Questions

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

- Yes
- No

   *Provide your organization's/group's arts and/or humanities mission. (1,000 characters maximum with spaces)

*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 (150 characters maximum with spaces):

*Project Type: *Select all that apply.*
- ☐ Creation of new work
- ☐ A public event or program
- ☐ Capacity building

*Give a short summary of the project. (500 characters maximum with spaces) **This summary will be used in public materials. AHCMC reserves the right to edit the summary for clarity.*

*AHCMC 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 and should include in-kind costs, if applicable.)

*Project Date start and end dates:
(Must be between 7/1/2022 and 6/30/2023)

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. In-person activities must follow current COVID-19 guidelines as required by the Montgomery County Health Department. ([Click here for health department information about safety requirements for in-person activities](#). [Click here for additional COVID-19 resources](#).)

*Do you anticipate that project activities will be in person, virtual or a hybrid (a combination of in person and virtual)?
- o In person
- o Virtual
- o Hybrid

*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?
- o Reserved
- o Tentative

*Describe the platform/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 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.** (750 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; and
- Demonstrates innovation and creativity in performing, presenting, and/or producing the arts and/or humanities discipline.

*Provide an overview of significant organizational/group activities and achievements over the last 12 months. 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 the qualifications and diversity of staff, volunteers, and Board, if applicable, involved in the organization's/group's programming. Regarding diversity, 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. Include efforts, goals, or planned future actions to increase internal diversity. (2,500 characters maximum with spaces)

*Describe how the 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 is your organization's/group's programming aligned with its mission, and how does the 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)

Quality of 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; and
- Achievable outcomes and detailed description of how progress will be tracked and measured.

*Provide a detailed description of the project. Specify whether the project represents new programming, a repeat of an earlier project, and/or a part of a series. (2,500 characters maximum with spaces)

*How does the project align with the 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 and provide an implementation timeline. 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, 2022 and June 30, 2023.** (4,000 characters maximum with spaces)

*What are the anticipated outcomes that will result from the completion of this project and how will your organization/group evaluate whether the objectives have been met? 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)

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; and
- Provides evidence of strong outreach and marketing strategies.

*Identify and describe the intended audience for the project. A reminder that your response should focus on Montgomery County. 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. If applying for the creation of new work or a capacity building project, describe the intended audience for when the project is complete. (2,500 characters maximum with spaces)

*How will the project resonate with the intended audience? Specify how the project will benefit/impact the people it will serve. If applying for the creation of new work or a capacity building project, describe how the intended audience will benefit after the project is complete. (2,500 characters maximum with spaces)

*Describe how your organization/group will reach, engage, and collaborate with the project's intended audience, both in terms of project planning and evaluation. If applying for the creation of new work or a capacity building project, describe how the anticipated audience will be reached/engaged after the project is complete. (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. If applying for the creation of new work or a capacity building project, describe the anticipated, future outreach strategy that will be implemented when the project is complete. (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 will address. (**Accessibility and ADA compliance costs are allowable expenses that can be included in the project budget and paid for by the AHCMC grant.**) (2,500 characters maximum with spaces)

Administrative Oversight (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; and
- 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 involved with the project must be uploaded to SM Apply. (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, earned income, 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 page 5 of the FY23 PCBPG guidelines for a detailed description of allowable project expenses that can be paid for by AHCMC.)
- **Use an asterisk (*) to mark expenses that will be paid for by the AHCMC grant. Asterisked expenses should clearly indicate how the entire AHCMC grant will be allocated.**
- **Do not** include "miscellaneous" or "contingency" expenses.

Line Item	Description	Amount
1.		$
2.		$
3.		$
4.		$
5.		$
6.		$
7.		$
8.		$
9.		$
10.		$
Total Cash Expenses		**$** *Will auto-calculate*

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

Line Item	Description	Amount
1.		$
2.		$
3.		$
4.		$
Total In-Kind Expenses		**$** *Will auto-calculate*

*Cash Income
- **The first line item must be "AHCMC Grant" with the requested grant amount of**: *Will autofill*
- Include any other sources of income for this project, if applicable.

Line Item	Description	Amount
1. AHCMC Grant	Amount requesting for project	$
2.		$
3.		$
4.		$
5.		$
6.		$
7.		$
8.		$
9.		$
10.		$
Total Cash Income		**$** *Will auto-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		**$** *Will auto-calculate*

Total expenses MUST EQUAL total income, as well as the total project cost entered at the beginning of the application.
- **Total Project Expenses:** *Will auto-calculate*
- **Total Project Income:** *Will auto-calculate*
- **Total Project Cost:** *Will auto-fill with applicant's response on page 3*

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 details about this line item here. (1,500 characters maximum without spaces)

*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.

*Give a brief description of the work sample(s) (i.e., a performance from 2021) 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 with spaces)

Required Uploads

All documents except for work samples must be submitted as PDFs. (Please see the work sample directions below for information about acceptable file formats.) Contact AHCMC grants staff if you need help converting your documents to PDFs.

IMPORTANT! Staff will remove Programming Support Materials and Work Samples that exceed the limits stated below.

GROUPS

*Group Support Materials
- List of group members with affiliation, including residency and work address (city and ZIP Code accepted) with those who reside and/or work in Montgomery County highlighted
- Bios of Key Group Members and/or Volunteers, including the individual's role in the project;
- Current Strategic Plan, if available; and
- Organizational Chart, if available.

*Financial Support Materials
- Previous Fiscal Year's End-of-Year Revenue and Expenses (Profit & Loss Statement);
- Current Fiscal Year Operating Budget with Actuals Year-to-Date; and
- Current Balance Sheet, if available.

*Programming Support Materials
- **One PDF no more than 5 pages including a cover page, if applicable.**
- No more than 5 hyperlinks embedded in Programming Support Materials.
- Include materials that will assist the panel in evaluating the applicant's programming, presenting, and/or producing activities. (i.e., evaluation results of previous programming, testimonials, newspaper clippings, program booklets, photos, brochures, flyers, etc.)

*Work Sample(s)
- Refer below under Organizations, labeled "Work Sample(s)."

ORGANIZATIONS

*Organization Support Materials
- IRS Letter of Determination;
- List of Board of Directors with affiliation, including residency and work addresses (city and ZIP Code) with those who reside and/or work in Montgomery County highlighted
- Bios of Key Staff and/or Volunteers, including the individual's role in the project;
- Current Strategic Plan, if available; and
- Organizational Chart, if available.

*Financial Support Materials
- FY21 990, 990-EZ, or if not yet available, the letter of extension;
  - **If the FY21 990, 990-EZ, or 990-N is not received by AHCMC by June 1, 2022, 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
- **One PDF no more than 5 pages including a cover page, if applicable.**
- No more than 5 hyperlinks embedded in Programming Support Materials.
- Include materials that will assist the panel in evaluating the applicant's programming, presenting, and/or producing activities. (i.e., evaluation results of previous programming, testimonials, newspaper clippings, program booklets, photos, brochures, flyers, etc.)

*Work Sample(s)
- Upload a **maximum of 10 work samples** that demonstrate the applicant's abilities and achievements. **Work samples must be no more than 10 files or 10 pages total (including both images and written work).**
- Applicants are encouraged to submit recently completed, high-quality work samples.
- Space will be provided in the application for a brief description of the work sample(s) and an explanation for how the sample(s) relates to the proposed project.
- **Work samples may be submitted in any one or combination of the file formats below.**
    - 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 a 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 must 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:
        - 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.
- Work samples should reflect the primary discipline of the applicant.
    - For Presenting and/or Multidisciplinary: work sample(s) should convey more than one arts and/or humanities discipline.
    - For Performing and Media Arts: **applicants should submit video or audio work samples, instead of stills or photos.**

AHCMC Reporting Data

Please fill out the charts below. **The questions below correspond with AHCMC's reporting obligations. Responses to the questions below will not be seen by panelists or factored into the application evaluation and scoring.**

Use the link below to answer the following questions about your organization's/group's U.S. Representative, State Senate, and State Delegate districts:
- o https://maryland.maps.arcgis.com/apps/webappviewer/index.html?id=177afa87a67746a4ac5496b2d0897fb7

Use the link below to answer the question about your organization's/group's County Council district:
- o https://www2.montgomerycountymd.gov/mccouncildistrict/

*U.S. Representative 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. If any of the line items are not applicable, write "0" and explain why in the comment box below. If you have questions, contact AHCMC grants staff.

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-granting[1]
- Capital improvement expenses/other related costs[2]
- Depreciation
- Loan principal payments
- In-kind donations
- Bad debt

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[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	*Will auto-calculate*	*Will auto-calculate*	*Will auto-calculate*

Expenses	Most Recently Completed Fiscal Year	Previous Fiscal Year	Three Fiscal Years Prior
In-Kind Expenses			
Depreciation			
Expenses (all other expenses)			
Total Expenses	*Will auto-calculate*	*Will auto-calculate*	*Will auto-calculate*

*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
Full-time Staff Salaries and Fringe Benefits			
Part-Time Salaries and Fringe Benefits			
Contracted Staff Compensation			
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			

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

Demographic Information

The questions below correspond with AHCMC's reporting obligations. Responses to the questions below will not be seen by panelists or factored into the application evaluation and scoring. Please answer the following questions for the organization's Board, senior staff, staff, and volunteers. This survey and definitions are sourced from Candid.

Definitions

- **Publicly self-identify:** The information you are providing is how you would identify in each category to the public.
- **Transgender:** An umbrella term people may use to describe their gender identity and/or gender expression as different from the sex they were assigned at birth. People who identify as transgender might describe themselves using one or more of a wide variety of terms including genderqueer, non-binary, and transgender. Transgender people may claim/affirm their gender identity through hormones and/or surgery. Transgender identity is not dependent on surgery. Transgender identity is not a sexual orientation.
- **Cisgender:** A term used to describe a person whose gender identity is the same as the sex assigned to them at birth.
- **Nonbinary (also non-binary):** Preferred umbrella term for all genders other than female/male or woman/man, used as an adjective (e.g., Jesse is a nonbinary person). Not all nonbinary people identify as trans and not all trans people identify as nonbinary.
- **Disability:** A disability can be physical, learning, cognitive, sensory, mental, or chronic health or other disability that is a barrier to everyday living.

*How many senior staff are in your organization? Senior staff includes the leader and is defined as people with authority over budget (typically VP, C-Suite, Director, etc.)

Race & Ethnicity

*How many senior staff publicly self-identify as the following:
  __Asian/Asian American/Pacific Islander
  __ Arab/Middle Eastern
  __Black/African America/African
  __Hispanic/Latino/Latina/Latinx/Chicanx
  __Native American/American Indian/Indigenous
  __White/Caucasian/European
  __Multi-racial or Multi-ethnic (2 or more races or ethnicities)
  __Different identity (please specify)
  __Decline to state
  __Unknown[3]
  o   We do not collect race & ethnicity information about senior staff

Gender Identity

*How many senior staff publicly self-identify as the following:
  __Female

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[3] Unknown indicates the number of people for whom you have no demographic information.

__Male
__Gender nonbinary/Genderqueer/Gender non-conforming
__Different identity (please specify)
__Decline to state
__Unknown
o   We do not collect gender identity information about senior staff

*How many senior staff publicly self-identify as the following:
__Transgender
__Non-transgender (cisgender)
__Different identity (please specify)
__Decline to state
__Unknown
o   We do not collect gender identity information about senior staff

Sexual Orientation

*How many senior staff publicly self-identify as the following:
__Gay, lesbian, bisexual (or other sexual orientations within the LGBTQIA2S+ community)
__Heterosexual or straight
__Different identity (please specify)
__Decline to state
__Unknown
__We do not collect sexual orientation information about senior staff

Disability

*How many senior staff publicly self-identify as the following:
__A person with a disability
__A person without a disability
__Decline to state
__Unknown
__We do not collect disability information about senior staff

*How many Board members are in your organization?

    o   We do not have a Board of Directors

Race & Ethnicity

*How many Board members publicly self-identify as the following:
    __Asian/Asian American/Pacific Islander
    __Arab/Middle Eastern
    __Black/African America/African
    __Hispanic/Latino/Latina/Latinx/Chicanx
    __Native American/American Indian/Indigenous
    __White/Caucasian/European
    __Multi-racial or Multi-ethnic (2 or more races or ethnicities)
    __Decline to state
    __Different identity (please specify)
    __Unknown[4]
    o   We do not collect race & ethnicity information about Board members

Gender Identity

*How many Board members publicly self-identify as the following:
    __Female
    __Male
    __Gender nonbinary/Genderqueer/Gender non-conforming
    __Different identity (please specify)
    __Decline to state
    __Unknown
    o   We do not collect gender identity information about Board members

*How many Board members publicly self-identify as the following:
    __Transgender
    __Non-transgender (cisgender)
    __Different identity (please specify)
    __Decline to state
    __Unknown
    o   We do not collect gender identity information about Board members

Sexual Orientation

*How many Board members publicly self-identify as the following:
    __Gay, lesbian, bisexual (or other sexual orientations within the LGBTQIA2S+ community)
    __Heterosexual or straight
    __Different identity (please specify)
    __Decline to state
    __Unknown
    o   We do not collect gender identity information about Board members

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[4] Unknown indicates the number of people for whom you have no demographic information.

Disability

*How many Board members publicly self-identify as the following:
    __A person with a disability
    __A person without a disability
    __Decline to state
    __Unknown
    o   We do not collect disability information about Board members

*How many staff are in your organization?
  o   We do not have staff

Race & Ethnicity

*How many staff publicly self-identify as the following:
  __Asian/Asian American/Pacific Islander
  __Arab/Middle Eastern
  __Black/African America/African
  __Hispanic/Latino/Latina/Latinx/Chicanx
  __Native American/American Indian/Indigenous
  __White/Caucasian/European
  __Multi-racial or Multi-ethnic (2 or more races or ethnicities)
  __Decline to state
  __Different identity (please specify)
  __Unknown[5]
  o   We do not collect race & ethnicity information about staff

Gender Identity

*How many staff publicly self-identify as the following:
  __Female
  __Male
  __Gender nonbinary/Genderqueer/Gender non-conforming
  __Different identity (please specify)
  __Decline to state
  __Unknown
  o   We do not collect gender identity information about staff

*How many staff publicly self-identify as the following:
  __Transgender
  __Non-transgender (cisgender)
  __Different identity (please specify)
  __Decline to state
  __Unknown
  o   We do not collect gender identity information about staff

Sexual Orientation

*How many staff publicly self-identify as the following:
  __Gay, lesbian, bisexual (or other sexual orientations within the LGBTQIA2S+ community)
  __Heterosexual or straight
  __Different identity (please specify)
  __Decline to state
  __Unknown
  o   We do not collect sexual orientation information about staff

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[5] Unknown indicates the number of people for whom you have no demographic information.

Disability

***How many staff publicly self-identify as the following:**
___A person with a disability
___A person without a disability
___Decline to state
___Unknown
o   We do not collect disability information about staff

*How many volunteers are in your organization?
- We do not have volunteers

Race & Ethnicity

*How many volunteers publicly self-identify as the following:
__Asian/Asian American/Pacific Islander
__Arab/Middle Eastern
__Black/African America/African
__Hispanic/Latino/Latina/Latinx/Chicanx
__Native American/American Indian/Indigenous
__White/Caucasian/European
__Multi-racial or Multi-ethnic (2 or more races or ethnicities)
__Decline to state
__Different identity (please specify)
__Unknown[6]
- We do not collect race & ethnicity information about volunteers

Gender Identity

* How many volunteers publicly self-identify as the following:
__Female
__Male
__Gender nonbinary/Genderqueer/Gender non-confirming
__Different identity (please specify)
__Decline to state
__Unknown
- We do not collect gender identity information about volunteers

* How many volunteers publicly self-identify as the following:
__Transgender
__Non-transgender (cisgender)
__Different identity (please specify)
__Decline to state
__Unknown
- We do not collect gender identity information about volunteers

Sexual Orientation

*How many volunteers publicly self-identify as the following:
__Gay, lesbian, bisexual (or other sexual orientations within the LGBTQIA2S+ community)
__Heterosexual or straight
__Different identity (please specify)
__Decline to state
__Unknown
- We do not collect sexual orientation information about volunteers

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[6] Unknown indicates the number of people for whom you have no demographic information.

Disability

***How many volunteers publicly self-identify as the following:**
__A person with a disability
__A person without a disability
__Decline to state
__Unknown
o   We do not collect disability information about volunteers