

FY25 *Advancement 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 16, 2024 at 11:59 p.m.**

Required Application Materials

All documents except for work samples must be submitted as PDFs. (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 support materials and work samples that exceed the limits stated below.

A completed, online SM Apply application includes:

1. A Completed Narrative

- [Download a template of the application under the “Application + Templates” tab on the AHCMC website by clicking here.](#) Please note that templates are for the applicant’s reference only; all applications and relevant materials must be submitted through SM Apply.

2. Organizational Support Materials

- IRS Letter of Determination and 501(c)(3) Status Check in SM Apply;
- List of Board of Directors with affiliation, including residency and work addresses (city and ZIP code accepted) with those who reside and/or work in Montgomery County highlighted;
- Bios of Key Staff and/or Volunteers, indicating paid full-time staff, paid part-time staff, and unpaid volunteers;
- Current Strategic Plan, if available; and
- Organizational Chart, if available.

3. Financial Support Materials

- FY23 990, or if not yet available, the letter of extension indicating that the FY23 990 will be submitted by June 1, 2024;
- FY23 audit or financial review if applicable, or if not yet available, the letter of extension

indicating that the FY23 audit or financial review will be submitted by June 1, 2024;

- Profit & Loss Statement for the most recently completed fiscal year;
- Current Fiscal Year Operating Budget with Actuals Year-to-Date;
- Current Balance Sheet or Balance Sheet for the most recently completed fiscal year;
- AHCMC Budget Worksheet ([Download a template of the Budget Worksheet under the “Application + Templates” tab on the AHCMC website by clicking here](#)); and
- Projected FY25 operating budget, if available.

4. Project Support Materials

- **One PDF no more than 10 pages including a cover page, if applicable.**
- Materials should assist the reviewers in determining the planning and design process of the proposed activity:
 - Including but not limited to, reports from earlier phases of the project, consultant proposals, consultant CVs, information about how other organizations have approached similar activities, articles about best practices in the field for this type of activity, and/or relevant training bulletins.
- If the grant request includes funds for equipment and/or technology, project support materials must include a list of the items that will be purchased, a list of possible manufacturers/vendors, and the estimated cost of each item.

5. 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.)

6. Work Sample(s)

- Upload **a maximum of 5 work samples** that demonstrate the applicant’s programming. **Work samples must be no more than 5 files or 5 pages total (including both images and written work).**
- Applicants are encouraged to submit recently completed and high-quality work samples.
- Space will be provided in the application for a brief description of the work sample(s).
- **Work samples may be submitted in any one or combination of the file formats below.**
 - **Images:** Up to 4 MB per file, which can be uploaded individually or formatted as one PDF.
 - **Audio/Video:** Maximum 4 in any combination, up to 100 MB per file, no more than 10 minutes combined. **Please note that any submitted audio/video counts towards the limit of work samples.**
 - The SM Apply link feature only supports links to YouTube and Vimeo.
 - If using the SM Apply link feature for YouTube or Vimeo, use the full hyperlink at the top of your browser instead of shorthand links (i.e., use the full <https://www.youtube.com> link, not <https://youtu.be>).
 - Applicants may choose to use the SM Apply link feature or embed the links in a document and upload it as a PDF.
 - If providing links to websites other than YouTube or Vimeo, links must be embedded in a document and uploaded as a PDF. For each link, the entire link should be visible.

- Check that links are not broken.
 - Check sure that the content from hyperlinks is viewable and does not require a password.
 - If the submitted video and/or audio is more than ten minutes combined, applicants must include instructions for which segments are relevant. (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 are highly encouraged to submit video or audio work samples, instead of stills or photos.**
- 7. A Completed AHCMC Reporting Data Form**
- **This form corresponds with AHCMC’s reporting obligations. Responses will not be factored into eligibility or the panel.** All responses will be kept confidential. Responses will only be shared publicly in the aggregate.

Application Form Template

Basic Information

The applicant must notify AHCMC staff in writing if there are any contact and/or address changes after the application deadline.

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

DBA (doing business as), if different:

***Address:**

***City:**

***State:**

***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:

Alternate Grant Contact Phone Number:

Alternate Grant Contact Email:

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

***Title:**

***Phone Number:**

***Email:**

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

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

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

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

***Did your organization receive FY24 General Operating Support from AHCMC?**

- Yes
- No

***Did your organization submit a Letter of Intent for an FY25 *General Operating Support I Grant*?**

- Yes
- No

Eligibility Questions

The following must apply for the last three completed fiscal years prior to the application deadline.

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

- Yes
- No

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

***Does your organization have its primary office in Montgomery County, MD?**

- Yes
- No

***Has your organization had allowable annual cash operating revenue and expenses of at least \$50,000?**

- Yes
- No

***Can your organization demonstrate 501(c)(3) status by one of the options below?**

- Yes, my organization has 501(c)(3) tax-exempt status, as evidenced by the U.S. Internal Revenue Service (IRS) Letter of Determination.
- Yes, my organization/group operates as a specific arts and/or humanities entity or division within a 501(c)(3) organization whose primary mission is not arts and/or humanities based.
- No, my organization/group cannot demonstrate 501(c)(3) status.

***Is your organization governed by an independent, legally liable Board of Directors?**

- Yes
- No

***Does at least 40% of your organization’s Board members reside and/or work in Montgomery County, MD? (New applicants will be asked to provide this information for the past three consecutive fiscal years.)**

- Yes
- No

I. ***Total Number of Board members:**

II. ***Number of Board members who work and/or reside in Montgomery County, MD:**

***Does your organization have at least one paid employee (not contracted staff) working a minimum of 5 hours a week (or 20 hours a week for grant requests over \$25,000) to support the organization’s Board, comply with the grant requirements, and maintain ongoing programming?**

- Yes
- No

I. ***Employee Title:**

II. ***Number of scheduled work hours per week:**

***Does your organization offer at least 51% of its programs and services in Montgomery County, MD?**

Activities may be open to the public, with or without an admission fee, in person or virtually. In-person activities should 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.](#)) New applicants will be asked to provide this information for the past three consecutive fiscal years.)

- Yes
- No

Description of FY23 Activities in Montgomery County, MD	# of occurrences	# of audience members/participants
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Total	<i>Will auto-calculate</i>	<i>Will auto-calculate</i>
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Description of FY23 Activities outside of Montgomery County, MD	# of occurrences	# of audience members/participants
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Total	<i>Will auto-calculate</i>	<i>Will auto-calculate</i>

- Provide an explanation below if your organization was unable to provide in-person/virtual programming, or if in-person/virtual programming was significantly reduced due to the pandemic. (1,500 characters maximum with spaces)

***Can your organization meet the June 1, 2024 deadline to submit the FY23 990?**

- Yes
- No

***Can your organization meet the June 1, 2024 deadline to submit the FY23 audit or financial review, if applicable?**

- Yes
- No
- Not applicable

***Did your organization receive two consecutive *Advancement Grants* in FY23 and FY24?**

- Yes
- No

Project Overview

***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 \$10,000 and no more than \$100,000. **Note: requests over \$25,000 require an FY23 audit or financial review. Requests over \$50,000 require an FY23 audit.**)

***Total Project Cost:**

(May exceed \$100,000 and should include in-kind costs, if applicable.)

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

(Must be between 7/1/2024 and 6/30/2025)

Narrative Questions

Effectiveness of Project (50 points)

- ✓ Project is essential to the mission and core work of the organization;
- ✓ Objectives are clearly stated and achievable;
- ✓ Achieving these objectives will significantly enhance the organization's long-term viability, fiscal stability, and capacity to engage with the community; and
- ✓ Clearly articulates how the completion of the project will benefit Montgomery County constituents.

***Provide an overview of your organization's significant activities, achievements, and/or challenges over the last 12 months.** Include significant staff transitions, Board transitions, internal operations adjustments, and programmatic changes. (2,500 characters maximum with spaces)

***Provide a detailed description of the project and how it will contribute to the organization's mission, vision, goals, and core work.** Specify how project objectives relate to strategic planning goals and the organization's long-term viability, financial stability, and capacity to engage with the community. Be specific about how grant funds will be used. (4,000 characters maximum with spaces)

***What are the project's anticipated outcomes and how will success be measured?** Clearly describe how the project will benefit Montgomery County constituents. (2,500 characters maximum with spaces)

Quality of Management (25 points)

- ✓ Implementation plan, including timeline, is clearly described and achievable; and

- ✓ Individuals who have participated in the planning and who will direct, manage and/or participate in the project are well qualified.

***Describe the steps taken to plan and design the project. 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, 2024 and June 30, 2025**. (4,000 characters maximum with spaces)

***Who will manage the project's implementation and what are the qualifications of those individuals?** Include the role of Board, staff, volunteers, and other stakeholders in this process. (2,500 characters maximum with spaces)

Appropriateness of Budget (25 points)

- ✓ Sources and amounts of anticipated matching funds are reasonable and attainable;
- ✓ Budget is reasonable, realistic, clear, and complete; and
- ✓ Budget is appropriate for the scale of the project and adequate to achieve project objectives.

***How will your organization meet the match requirement?** Clearly identify projected new sources for the match. (2,500 characters maximum with spaces)

***Explain any significant changes to this year's operating budget as compared to last year's operating budget, including any significant increases or decreases anticipated in income and/or expenses.** (2,500 characters maximum with spaces)

***Will the organization undertake the project if an AHCMC grant award is not received, or if the award is lower than the original request?** Explain any potential scope reductions 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 6-7 of the FY25 AG guidelines for a detailed description of allowable 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 general operating expenses, including but not limited to employee and contracted staff salaries (consultant fees are allowable) and programming costs.
- **Do not** include "miscellaneous" or "contingency" expenses.

Line Item	Description	Amount
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
Total Cash Expenses		<i>\$ Will auto-calculate</i>

***In-Kind Expenses**

- In-kind expenses are non-cash expenses. If items are donated, (i.e., supplies or services) list those items below with their monetary value.
- If you do not have in-kind items, indicate "N/A" across the first line item.

Line Item	Description	Amount
1.		\$
2.		\$
3.		\$
4.		\$
Total In-Kind Expenses		<i>\$ Will auto-calculate</i>

***Cash Income**

- The first line item must be "AHC MC Grant" with the requested grant amount of: *Will autofill.*
- Include any other sources of income for this project.

Line Item	Description	Amount
1. AHC MC Grant		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
Total Cash Income		<i>\$ Will auto-calculate</i>

***In-Kind Income**

- If you entered in-kind items in the "In-Kind Expenses" section above, re-enter those same items in the chart below with their monetary value.
- If you do not have in-kind items, indicate "N/A" across the first line item.

Line Item	Description	Amount
1.		\$
2.		\$
3.		\$
4.		\$
Total In-Kind Income		<i>\$ Will auto-calculate</i>

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

- **Total Project Expenses:** *Will automatically calculate.*
- **Total Project Income:** *Will automatically calculate.*
- **Total Project Cost:** *Will autofill with applicant's response on page 6.*

Project Budget Notes

***Provide additional information about how the project expenses were calculated.** For example, if "Consultant fees \$2,500" is listed in the budget, provide an explanation for how this fee has been determined. (i.e., the scope of services, the daily/hourly rate, etc.) (1,500 characters maximum with 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 with 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 with spaces)

Work Sample Description

This is a separate task from the application narrative.

***Give a brief description of the work sample(s) (i.e., a performance from 2023) and why the work sample(s) was selected.** (1,500 character maximum with spaces)

AHCMC Reporting Data

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

Use the link below to answer the questions about your organization's U.S. Representative, State Senate, and State Delegate districts:

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

Use the link below to answer the question about your organization's County Council district:

- https://www.montgomerycountymd.gov/COUNCIL/district_map.html

***U.S. Representative District:**

***State Senate District:**

***State Delegate District:**

***County Council District:**

The numbers below should reflect your organization'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-granting¹
- Capital improvement 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	<i>Will auto-calculate</i>	<i>Will auto-calculate</i>	<i>Will auto-calculate</i>

*Please Note: "Total Revenue" row should not total "0"

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

*Please Note: "Total Expenses" row should not total "0"

*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 will not be seen by panelists or factored into the application eligibility, evaluation, or 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.

Senior Staff

***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 American/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
- Unknown³
- We do not collect race & ethnicity information about senior staff

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

Gender Identity

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

- Female
- Male
- Gender nonbinary/Genderqueer/Gender non-conforming
- Different identity (please specify)
- Decline to state
- Unknown
- 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
- 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

Board of Directors

***How many Board members are in your organization?**

Race & Ethnicity

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

- Asian/Asian American/Pacific Islander
- Arab/Middle Eastern
- Black/African American/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)
- Unknown⁴
- 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
- 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
- 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
- We do not collect gender identity information about Board members

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
- We do not collect disability information about Board members

Staff

***How many staff are in your organization?** *This does not include senior staff but may include contract staff who work with your organization on a regular basis.*

Race & Ethnicity

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

- Asian/Asian American/Pacific Islander
- Arab/Middle Eastern
- Black/African American/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)
- Unknown⁵
- 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
- 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
- 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
- We do not collect sexual orientation information about staff

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
- We do not collect disability information about staff

Volunteers

*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 American/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)
- Unknown⁶
- 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

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

- We do not collect sexual orientation information about volunteers

Disability

***How many volunteers 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 volunteers