2020 BHT Foundation Grant Application Instructions

PLEASE READ THE ENTIRE DOCUMENT BEFORE BEGINNING YOUR GRANT APPLICATION

Thank you for your interest in applying for a 2020 grant from BHT Foundation. The BHT Foundation exists to build, help, and transform our LGBTQ+ communities, by providing financial support to local nonprofits. We want that support to go where it will make a real difference. So, we support smaller, underfunded organizations that fill gaps in vital supports and services to marginalized folx first.

Our grant application and scoring process is designed to provide the Board of Directors with the needed information to ensure that we are making decisions and awarding grants to organizations in support of our mission and values. Priority will be given to organizations that demonstrate the greatest need; effective organizational management and leadership; and positive impact on our communities.

- **Need**: Priority will be given to organizations that have the greatest need; evaluated by gross revenue; current funding and sources; and ratio of paid administrative staff to the operating budget.
- **Management**: Priority will be given to organizations that have demonstrated exceptional management and leadership, demonstrated by the experience of the executive board; the organization’s mission and vision; community reputation and history of community partnerships and support; the quality of their grant application; effective use of previous BHT Foundation grants.
- **Impact**: Priority will be given to organizations that demonstrate positive impact on the community that they serve and the greater LGBTQIA+ communities. This includes organizations that serve typically underfunded or underrepresented groups; organizations that are filling a vital gap or need in community services; and organizations that create community and safe spaces.

**Important**:  
- All questions in this application must be completed to the satisfaction of the requirements contained in this document. The BHT Foundation cannot be held responsible for applications that are incomplete, late, fail to meet these requirements, or contain unsatisfactory/vague responses.  
- Accurate contact information (both phone and e-mail), as well as timely organizational responsiveness to our questions are essential to the success of your application.  
- Grant applications must be received before midnight on August 31st, 2020. Late applications will not be considered.  
- Requests for additional information must be received to the grants chair by September 11th, 2020. It is the responsibility of the grantee to complete the application in its entirety. Incomplete applications may be rejected. To ensure you have adequate time to respond to requests, we recommend applying early.  
- Do not leave questions blank. If you need assistance, email the grants committee at grants@bhtfoundation.org  
- Grants will be awarded the week of October 12th, 2020 to the address provided in the grant application.
Application

Following are the questions contained in the online application. We recommend gathering your information and documentation before starting your application.

Section I: Eligibility

1. Please select yes or no to the following eligibility questions:
   a. Our organization provides supports and services to the LGBTQIA+ Community
   b. We are a registered as 501(c)(3) or are fiscally sponsored (as defined by the IRS) by an organization with current 501(c)(3) designation
   c. We provide supports and services within the designated DMV area
      ● the District of Columbia
      ● the Maryland cities/counties of Carroll, Charles, Baltimore, Harford, Anne Arundel, Howard, Frederick, Calvert, Prince George's, Montgomery, Baltimore City
      ● the Virginia cities/counties of Alexandria, Arlington, Fairfax, Loudon, or Prince William
   d. Our total/gross FY19 revenue is less than $500,000

IF YOU ANSWERED NO TO ANY OF THESE QUESTIONS - DO NOT CONTINUE - YOU ARE NOT ELIGIBLE FOR A 2020 BHT FOUNDATION GRANT.

Section II – Contact Information

2. Legal Name of your Organization (As registered with the IRS)
3. TIN (Taxpayer Identification Number): __ - __________
4. DBA Name (if applicable)
5. Fiscal Sponsor (if applicable)
6. Parent Organization (if applicable)
7. Primary Contact
8. Secondary Contact
9. Mailing Address
10. Physical Address
11. May we add you to our email list?

Section III - Organizational and Purpose Information

12. Mission Statement (650 characters or less - approx 100 words)
13. Briefly describe the supports and/or services that you provide to the LGBTQIA+ community in the DMV area (650 characters or less - approx 100 words)
14. What were your top three accomplishments of 2019? (3250 characters or less - approx 500 words)
15. How are you different from organizations that provide similar supports and services? (1650 characters or less - approx 250 words)
16. What unique gaps or needs does your organization fill? (1650 characters or less - approx 250 words)
17. Website
18. Social Media Accounts
19. List the members of the Executive Board, including Executive Director if applicable

Section IV - Operations and Budget

To complete this section you will need to have ONE of the following FY19 or FY18 forms available: IRS Form 990, IRS Form 990EZ, Pro forma IRS Form 990 (Sometimes included in United Way applications), Statement of Functional Income and Expenses NOTE: If you filed IRS Form 990N (postcard), you will need to provide a copy of your FY19 or FY18 Statement of Functional Income and Expenses. If you have completed a pro forma IRS Form 990 for FY19 or FY18, attach
20. I certify that the organization named in this application reports total/gross FY19 revenue of less than $500,000 on its IRS Form 990/990EZ/990N (or pro forma IRS Form 990 or FY19 Statement of Functional Income and Expenses) covering a period ending not more than 18 months prior to June 2020 and has controls in place to ensure funds are properly accounted for and that it can provide accurate timely financial information to interested parties.

21. When does your fiscal year end? (Example: Jan 31)

22. Is the organization named in this application exempt under the Internal Revenue Code?

23. If your answer to Question 22 is no, is your 501(c)(3) status pending with the IRS for the organization named in this application?

24. Has your organization filed a 2019 tax return, i.e. IRS Form 990, 990EZ, 990N?

25. If you have not filed a 2019 tax return, have you filed a return within the last 18 months?

26. Which the IRS Form did you file most recently?
   a. Choose one:  x Form 990  x Form 990EZ  x Form 990N (postcard)

27. List of Major Grant Sources:

28. Total Revenue for FY19: $ __________
   a. Membership dues $ __________
   b. Donations from individuals $ __________
   c. Corporate funds $ __________
   d. Private foundations $ __________
   e. Government funds $ __________
   f. Sales $ __________
   g. Estimated in-kind contributions* $ __________
   h. All other $ __________

* An in-kind donation is the transfer of any other type of asset. In-kind gifts are contributions of goods or services, other than cash grants. Examples of in-kind gifts include: Goods, like computers, software, furniture, and office equipment, for use by your organization or for special event auctions.

29. Total Expenses: FY19: $ __________
   a. Programming (Program Service) $ __________
   b. Administrative (Management and General) $ __________
   c. Fundraising $ __________

30. Total FY2020 Projected Revenue: $__________

31. Number of Full Time Paid Staff: _____

32. Number of Part Time Paid Staff: _____

33. Three (3) Highest Paid Employees
   a. a. Job title __________________________ total annual compensation $ __________
   b. b. Job title __________________________ total annual compensation $ __________
   c. c. Job title __________________________ total annual compensation $ __________

34. Number of Volunteers: _____

35. Total Estimated Annual Volunteer Hours: _________

Section V - Grant History
36. Have you received grants from us in the past? If so,
   b. When did you receive your first grant from us?
   c. How did you use this grant to help your organization grow and fulfill its mission and goals?
37. Did your organization receive a 2019 BHT Foundation grant?
   If Yes, then briefly describe for each grant received how were the funds used and were you successful in
   your objective as described in your previous grant application; and what was the impact to your
   organizational mission and how did you measure success

Section VI - 2020 Grant Requests
We suggest referring to the 2020 Emergency Grant Guidelines for tips on completing the narrative.

38. The Medford Fund
   This fund is only for capital purchases of goods and materials needed to support the operations of an
   organization. Requests are limited to a total of no more than $1,000 for any item or group of items.
   d. I certify that my organization agrees to provide BHT with proof of purchase after purchase and
      installation of the item(s). Whenever possible, my organization also agrees to affix an appropriate label
      (or tag) to the item to indicate that BHT donated the item.
   e. Amount of request: $ __________
   f. List of items to be purchased
   g. If your capital purchase exceeds $1000 or – in the event you do not receive the total amount requested -
      detail how you will fund the remaining cost of the purchase
   h. Briefly describe how the items purchased will support the mission of your organization (or
      program/service related to your mission); how will you measure the impact of the purchase on your
      program or mission; etc. (1650 characters or less - approx 250 words)
   i. Attach vendor estimates (pdf) detailing all costs associated with the purchase and installation of the
      item requested.

39. Richard Van Der Karr Memorial HIV/AIDS Fund
   This fund is only for programs and services that support individuals and groups affected by HIV/AIDS. Grants are
   available in the amounts of $1000, $2000, and $3000. You can request a maximum of $3,000 but may be
   awarded a smaller grant depending on your application score and funds available.
   a. Amount of request: $ __________
   b. Provide a proposed budget for how the funds would be used (Optional: attach a PDF)
   c. Briefly describe how the grant would support an existing program or enable the creation of a new
      program; and how that program addresses needs in the HIV/AIDS community. (1650 characters or less -
      approx 250 words)

40. The Billy McCoy Thompson, Jr. Memorial Fund
   This fund is for programs and services that support LGBTQIA+ youth age 24 and under. Grants are available in
   the amount of $1500.
   a. Provide a proposed budget for how the funds would be used (Optional: attach a PDF)
   b. Briefly describe the support and services that you provide:
      i. Choose the category that best describes your program:
         Arts, housing, life skills, health, other
      ii. Briefly describe how the grant would support an existing program or enable the creation of a
          new program; and how that program addresses needs of youth in the LGBTQIA+ community. (1650 characters or less - approx 250 words)
41. **The General Fund**
   This fund is for any requests that do not specifically apply to one of the previous funds, and benefit LGBTQIA+
   individuals and communities. Grants of $1000 will be awarded.
   a. Provide a proposed budget for how the funds would be used (Optional: attach a PDF)
   b. Briefly describe how the grant would support an existing program or enable the creation of a new
      program; and how that program addresses needs in the LGBTQIA+ community. (1650 characters or less -
      approx 250 words)

Section VII – Supporting Materials
If you are unable to attach a particular document, please email the Grants Chair at grants@bhtfoundation.org. Please
include the name of your organization in the subject line.

42. Resume of the Executive Director and/or President
43. Copy of organization’s IRS 501(c)(3) exemption letter or IRS receipt showing application for IRS 501(c)(3) status
44. Most recent copy of ONE of the following forms for FY19 (or most recent year) with supporting attachments: IRS
   Form 990, IRS Form 990EZ, Pro forma IRS Form 990, or Statement of Functional Income and Expenses NOTE: If
   you filed IRS Form 990N (postcard), provide a copy of your Statement of Functional Income and Expenses or pro
   forma IRS Form 990
45. If your organization’s gross income is under $25,000, submit a letter stating so; along with the bank statements
   covering the first month and last month of your organizations most recently completed fiscal year
46. Copy of previous tax year’s annual audit. For organizations that complete the 990EZ or do not have to file a 990,
   an internal financial review by members not authorized to sign checks will suffice
47. Copy of 2020 Budget
48. Organization Logo in electronic format

Optional
49. Resumes of the Executive Board
50. Newspaper articles, awards, or other examples of the organizations impact on the community, reputation,
    stellar management, successes, partnerships in the community, etc.