

# Orchid Giving Circle 2025

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*Communities Foundation of Texas*

## *Contact Information*

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### Executive Contact Information

**First Name\***

*Character Limit: 250*

**Last Name\***

*Character Limit: 250*

**Title\***

*Character Limit: 250*

**Email Address\***

*Character Limit: 254*

**Phone Number\***

*Character Limit: 16*

### Proposal Primary Contact Information

**First Name\***

*Character Limit: 250*

**Last Name\***

*Character Limit: 250*

**Title\***

*Character Limit: 250*

**Email Address\***

*Character Limit: 254*

**Phone Number\***

*Character Limit: 16*

## Organization Information

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### Legal Name of Organization/Fiscal Agent/Fiduciary Sponsor\*

Character Limit: 250

### DBA, if applicable

Character Limit: 250

### Organization Mailing Address\*

Character Limit: 250

### City\*

Character Limit: 250

### State\*

Character Limit: 25

### Zip Code\*

Character Limit: 10

### Organization Physical Address (if different from Mailing Address)

Character Limit: 250

### City

Character Limit: 250

### State

Character Limit: 250

### Zip Code

Character Limit: 10

### Main Phone Number\*

Character Limit: 16

### Days and Hours of Operation\*

Character Limit: 1000

### Website\*

Character Limit: 2000

### Years in Operation\*

Character Limit: 250

### Organization's Mission Statement\*

Character Limit: 1000

## Staff and Board Demographics

### **Paid Total Staff\***

*Character Limit: 10*

### **Paid Asian Staff\***

*Character Limit: 10*

### **Paid Female Staff\***

*Character Limit: 10*

### **Total Board Members\***

*Character Limit: 10*

### **Asian Board Members\***

*Character Limit: 10*

### **Female Board Members\***

*Character Limit: 10*

### **Demographics Served\***

Asian American Community Served:

#### **Choices**

- East Asian
- South Asian
- South East Asian
- Pacific Islander
- Central Asian
- Other

### **If "Other" was selected, please identify:**

*Character Limit: 250*

### **Geographic Area Served\***

#### **Choices**

- DFW Metroplex
- Outside DFW Metroplex

### **Outside DFW Metroplex**

Name the Cities and Counties served outside of the DFW Metroplex (if applicable)

*Character Limit: 1000*

## Key Issue Area(s) that Organization Addresses\*

### Choices

Health  
Arts  
Education  
Environment  
Civic (non-lobbying)  
Homelessness  
Refugee  
LGBTQ  
Youth  
Women

## Proposal Overview

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### Project Name\*

*Character Limit: 100*

### Amount Requested\*

Up to \$25,000

*Character Limit: 20*

### Funding is Requested for\*

#### Choices

General Operations  
Program  
Event  
Other

### Describe Other

If applicable

*Character Limit: 250*

### Project/Program Timeline\*

*Character Limit: 5000*

### Estimate of Asians served by this project\*

*Character Limit: 10*

### Estimate of Asian Females served by this project\*

*Character Limit: 10*

### Estimate of Total Number served by this project\*

*Character Limit: 10*

## Summary\*

In 300 words or less, please provide a brief description of: 1) your organization and 2) what this grant will be used for and its anticipated impact. *This response may be used on the Orchid Giving Circle website and outgoing correspondence related to the grant.*

*Character Limit: 2250*

## Proposal Details

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- Questions below will be scored by the Grant Committee.
- High scoring applications will not repeat information and will stick strictly to the question topic.
- Any data shared should have a credible source cited. Applications stating things like “most Asians, or X% of Asians” without document sources will not be considered reliable and will affect grant scores.

## Structural Barriers\*

Please explain what structural barriers will be addressed and why these barriers need to be addressed. (Please limit to 450 words)

*Character Limit: 3750*

## Innovation\*

How is your proposed project/program innovative? (Please limit to 450 words)

*Character Limit: 3750*

## Sustainability\*

Is this an ongoing project/program? How will it be sustained beyond this grant period? (Please limit to 450 words)

*Character Limit: 3750*

## Success Story\*

Please share a success story related to one of the clients you serve. (Please limit to 450 words)

*Character Limit: 3750*

## Returning Applicant\*

If you are a returning 2024 grantee – please share what 2024 grant funds are being used for and what impact has been made. ***Please be very brief.*** (Please limit to 150 words)

*Character Limit: 1125*

**Have you applied for an Orchid Giving Circle grant in the past?\***

If yes, please list the history for the past 5 years.

For each year funded Include:

- Year of Grant Funding
- Amount of grant funds received,
- How many Asians were impacted
- 1 Sentence Summarizing Program/Project
- 1 sentence explaining the impact created by the grant.

*Character Limit: 1125*

## *Financial Overview*

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For the following questions, please provide the necessary information as of the most recent **MONTH END** Statement of Financial Position (Balance Sheet) for the Organization.

**Date of the most recent month end\***

*Character Limit: 10*

**Total Cash\***

*Character Limit: 20*

**Current Total Assets\***

*Character Limit: 20*

**Current Total Liabilities\***

*Character Limit: 20*

**Total Unrestricted Net Assets\***

*Character Limit: 20*

**Total Net Assets\***

*Character Limit: 20*

For the following questions, please provide the necessary information as of the most recent **YEAR END** Statement of Financial Activities (Income & Expense Report) for the Organization.

**Date of most recent year end\***

*Character Limit: 10*

**Total Contributions, Support, Grants and Revenue\***

*Character Limit: 20*

**Investment Earnings\***

*Character Limit: 20*

**Other Revenue Amount\***

*Character Limit: 20*

**Total Organizational Expense\***

*Character Limit: 20*

**Will you be able to continue with the project if funds are not available\***

**Choices**

Yes

No

*Attachments*

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**Program budget specific to this funding request.\***

*File Size Limit: 5 MB*

**List of all funding commitments for this request\***

Include amounts and current status of any outstanding requests to date.

*File Size Limit: 5 MB*

**Most recent IRS Form 990 or Form 990-EZ\***

*File Size Limit: 5 MB*

**Copy of your IRS 501(c)(3) determination letter\***

*File Size Limit: 5 MB*

**Current Balance Sheet\***

*File Size Limit: 5 MB*

**Current Income/Expense Statement\***

*File Size Limit: 5 MB*

*Agreements*

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**Full name of Executive Officer, Board Chair, or Approving Official\***

*Character Limit: 250*

### Title of Approving Official\*

*Character Limit: 250*

### Approval Agreement

By checking this box, I certify that this application is complete and is approved by the individual indicated above. Please be aware that the Orchid Giving Circle may publish the names of the nonprofit organizations that have been named as semi-finalists in the grant process.

#### Choices

Agree

### Publication Agreement\*

By checking this box, I give Orchid Giving Circle permission to list the name of my organization in all publications.

#### Choices

Agree

### Agreements\*

By selecting Yes,

- I certify that this application is complete and is approved by the individual indicated above.
- I am aware that the Orchid Giving Circle may publish the names of the nonprofit organizations that have been named as semi-finalists in the grant process.
- I give Orchid Giving Circle permission to list the name of my organization in all publications.

#### Choices

Yes

No