

## 2024 Orchid Giving Circle Community Grant Application

### Contact Information

\*Executive Contact First Name

\*Executive Contact Last Name

\*Executive Contact Title

\*Executive Contact Email Address

\*Executive Contact Phone Number

\*Proposal Primary Contact First Name

\*Proposal Primary Contact Last Name

\*Proposal Primary Contact Email

\*Proposal Primary Contact Phone Number

### Organization Information

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

DBA, if applicable

#### \*Mailing Address

Country

Street

City

State/Province

Zip/Postal Code

#### Physical Address, if different from Mailing Address

Country

Street

City

State/Province

Zip/Postal Code

\*Main Phone Number

\*Organization Website

\*Organization's Mission Statement

\*Years in operation

\*Does your organization have a published DEI statement? If so, please include it here.

\*How does your organization create an inclusive culture and a culture of belonging?

## Board and Staff Demographics

\*Total Paid Staff

\*Asian Paid Staff

\*Female Paid Staff

\*Total Board Members

\*Asian Board Members

\*Female Board Members

## Demographics Served

\*Asian American community served ?

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

Is your service area within the DFW metroplex? If not, please include the service area city or county.

\*Key Issue Areas that Organization Addresses ?

- Health
- Arts
- Education
- Environment
- Civic (non-lobbying)

## Proposal Overview

\*Proposal Title

\*Amount Requested (up to \$30,000)

Please specify if the funding requested is for general operations, program expenses, event expenses, or other.

\*Project/Program Timeline

\*Estimated number of Asians Served by this project

\*Estimated number of Asian females served by this project

\*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.

## Proposal Details

\*1. What structural barriers will be addressed? Please include statistics, numbers, anecdotes, testimonials, etc. (Please limit to 500 words)

\*2. What other community agencies or groups provide the same or similar services or are attempting to solve the same community problem? How is the work that your organization does unique or different? (Please limit to 150 words)

\*3. What are the projected outcomes for this project/program and how will these outcomes be measured? (Please limit to 150 words)

\*4. How will this proposed project/program engage new partnerships, volunteers and Board members? (Please limit to 100 words)

\*5. How is your proposed project/program innovative? (Please limit to 200 words)

\*6. Is this an ongoing project/program? How will it be sustained beyond this grant period? (Please limit to 100 words)

## Organizational History

Have you applied for an Orchid Giving Circle grant in the past? If yes, please list the history for the past 5 years.

## Attachments

\*Program budget specific to this funding request. Please include all funding commitments as well as amounts and current status of any outstanding requests to date for this project.

 Or drop files

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

 Or drop files

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\*Current Balance Sheet

 Or drop files

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\*Current Income/Expense Statement

 Or drop files

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## Agreements

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

\*Title of Approving Official

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

Save and Finish Later   
No

Next