**EQUITY FUND APPLICATION**

Organization/Group Name:

Name of Person Submitting Application:

Email Address:

Phone Number:

Funding will be used for (check all that apply):

* Program
* Project
* Staffing
* Capacity Building (training, strategic planning, technology, 501©3, Board development, etc.)

**ORGANIZATIONAL/GROUP INFORMATION**

Contact Name:

Title:

Email:

Phone:

Physical Street Address:

City: Zip Code:

Mailing Address (if different from physical address):

Main Office Number:

Organization Website (if you have one):

Organization Tax ID # (if you have one):

Year Started:

Tax Exempt Status: (checkbox)

* Independent 501c3
* Faith-based tax-exempt organization
* Using a fiscal sponsor

Please upload a copy of your or your fiscal sponsor’s 501c3 IRS Tax Exemption Notification Letter.

Please upload a copy of your organization’s or your group’s current fiscal year operating budget.

***In you indicated “Using a fiscal sponsor” above, please provide the following information:***

Name of Fiscal Sponsor Agency:

Agency Mailing Address:

Agency Email Address:

Agency Phone Number:

**ORGANIZATION/GROUP’S BIPOC REPRESENTATION**

Leadership Demographics: What % of your leadership group identify as Black, Indigenous, and People of Color (BIPOC)? (checkbox)

* 0-25%
* 26-50%
* 51-75%
* More than 75%

Staff/group demographics: What % of your staff/group identify as Black, Indigenous, and People of Color (BIPOC)? (checkbox)

* 0-25%
* 26-50%
* 51-75%
* More than 75%

Please upload your organization/group’s annual budget:

**FUNDING REQUEST**

Amount requested: (min: $1,500; max: $10,000):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what area(s) does your organization/group provide its service? (select all that apply): (checkbox)

* 98404
* 98405
* 98408
* 98409
* 98433/39/99
* 98444/45
* 98465
* Key Peninsula area
* Other (please share which zip code area(s) along with data to support your focus on this area below)

Are you physically located in the areas you serve?

Communities served: What percent of your program participants identify as Black, Indigenous, and People of Color (BIPOC)? (checkbox)

* 0-25%
* 26-50%
* 51-75%
* More than 75%

Racial Breakdown

* White
* Black/African American
* Hispanic/Latinx
* Asian
* Pacific Islander
* Bi – racial
* Other

How many individuals or households do you expect to serve with this funding?

**PROGRAM/PROJECT INFORMATION**

Describe how you will use these resources.

How will the use of these resources help improve your ability to help the individuals and families you serve move to becoming financially stable? How will you know?

How will those that you are serving benefit?

Overall, how will these resources strengthen your work?

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**Equity Fund applications are only accepted online!**