**LESBIAN FUND RFP 2015**

The Lesbian Fund is conducting a grant cycle in the Fall of 2015 which includes a category for event sponsorship.

For this cycle, we invite non-profits and organizations with a 501(c)(3) fiscal sponsor to apply in one of two categories: 1) funding of activities that improve the lives of lesbians, and 2) sponsorship of a community event that benefits lesbians in the greater Milwaukee area. For both areas, the activity/event to be funded must occur between July 1 2015 and June 30, 2016**.**

The L Fund’s annual survey at the Milwaukee PrideFest shows that *isolation*, *invisibility* and *lack of respect for our families* are pressing issues for lesbians. We believe that we can impact the lives of lesbians by developing and showcasing our leadership, protecting our families and creating social outlets that build community.

For the 2015 cycle, we are focusing our support on programs that improve the lives of lesbians at all stages of their lives:

* Increase the visibility of lesbians as strong community leaders
* Empower lesbian women and girls through leadership development
* Reproductive justice: the right to create, define and protect our families
* Reduce isolation and create community (i.e., groups that allow lesbians to socialize in healthy activities)

The Lesbian Fund will be distributing $6,000 by the end of 2015. Please submit this application BY WEDNESDAY, NOVEMBER 25, 2015. Grant announcements will be made in December 2015.  
  
It is recommended that you save your responses in a Word document.

**1. CONTACT PERSON'S INFORMATION**

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |
| Phone Number |  |
| E-mail Address  (All communications will be sent to this e-mail address) |  |

**2. ORGANIZATION’S INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Organization:** | | | |  | | |
| **Address:** | | |  | | |
| **City/Town:** | | |  | | |
| **State:** | |  | | |
| **ZIP:** | |  | | |
| **Website Address:** | |  | | |
| **Name of Executive Director:** |  | | | |
| **Name of Board Chair:** |  | | | |

**3. Are you a 501(c)3 organization?**

|  |
| --- |
| http://www.surveymonkey.com/i/t.gifYes  http://www.surveymonkey.com/i/t.gifNo |

**4. If you are not a 501(c)3 organization, please provide information about the 501(c)3 organization who is your fiscal sponsor. Note: If your organization is not a 501(c)3 organization and if you do not have a fiscal sponsor who is a 501(c)3 organization, we are unable to accept your application or give a grant to your organization.**

|  |  |
| --- | --- |
| **Contact Person’s Name:** |  |
| **Contact Person’s Title:** |  |
| **Name of Organization:** |  |
| **Address:** |  |
| **City/Town:** |  |
| **State:** |  |
| **ZIP:** |  |
| **Website Address:** |  |
| **Contact Person’s E-Mail Address:** |  |

**5. Does any of your work focus specifically on the Greater Milwaukee area? If your program does not focus on the Greater Milwaukee area, we are unable to accept your application or give a grant to your organization.**

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| --- |
| Yes  No |

**6. What is the total amount of your organization’s current fiscal budget?**



**7. What is your organization’s (or your fiscal sponsor’s) Federal Employer Identification Number (FEIN)?**



**8. Please provide the title of Program for which you are requesting funding.**



**9. What is the total budget of the Program?**



**10. How else are you funding your Program? List funders and amounts.**



**11. How long has this Program been in place?**



**12. What is the time frame of the Program? Is this a one-time event, a year-long effort or a multi-year effort?**



**13. What area is the Program focusing on?**

**Visibility of lesbian leaders**

**Empowerment of lesbian women and girls**

**Reproductive justice and lesbian family rights**

**Reduce isolation and build community (social groups)**

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| --- |
| **Sponsorship of an event that benefits lesbians** |

**14. Describe how your Program addresses the focus area you have checked above. How many people do you serve per year? How do you measure your success?**



**15. How does the Program advance your organization’s mission? If this is a continuing Program, how do you plan to ensure future sustainability?**



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| --- |
| **16. FOR EVENT SPONSORSHIP APPLICANTS ONLY:**  **This year the Lesbian Fund will be making its decisions about event sponsorship**  **through this Request for Proposals. If you wish us to consider your event for sponsorship,**  **please provide the information below.**  Name of event:  Date of event:  How event impacts lesbians:  Amount requested:  How you will advertise the Lesbian Fund’s sponsorship?: |