

Rykken and Scull Trust - PFLAG North Bay Endowment Fund
COMMUNITY FOUNDATION SONOMA COUNTY

Proposal Cover Sheet

Legal Name of Organization

Program or Project Name

Organization Executive Officer/Director Name & Title

Contact Person (if other than Director) Name & Title

Organization Director e-mail address

Contact person e-mail address

Mailing Address of Organization

Telephone

Fax

Organization website

Total Budget for Amount % of Total
this Program: \$ _____ Requested: \$ _____ Program Budget \$ _____

In 50 words or less, describe the program for which you are requesting funding:

Director signature: _____ **Date:** _____

For Funder Use Only	
Date Received:	By:

Send your application materials to:

Ms. Delynne Rogers
PFLAG - North Bay
P.O. Box 337
Ukiah, CA 95482

Award Application Guidelines for Rykken & Scull Awards

- The Rykken and Scull Trust - PFLAG North Bay Endowment Fund will grant awards to organizations who promote alleviation of bigotry and prejudice against gay men and lesbians (LGBT community).
 - Your application must provide the information outlined below, in the same order in which it appears on this page.
 - Please number your responses and write the heading (the words in bold italics) before answering.
 - Your responses to the narrative questions should be *no more than two pages long*.
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1. Is your organization a **501c3**? You need to be a 501c3 or have sponsorship. Groups with a fiscal sponsor: submit one copy of a letter from your sponsor identifying your organization as one of their sponsored programs with a 501c3.
2. Describe your organization's **mission** (or charitable purpose) and state the year you were incorporated. If you are not incorporated, state the year you began operating. If applicable, state the year you became a sponsored program.
3. Explain your idea for a current or past **event, activity or program** to help end bigotry towards the LGBT community and describe in detail how it will/did occur and who will/did benefit. If you're partnering with other organizations for this project, give the name of your partners and briefly describe their contribution.
4. Describe **what** you expect your project to accomplish or has accomplished. How will you, as an organization, **measure the impacts** of your efforts?
5. Describe **your organization's capacity** to complete the project or how you completed the project (briefly summarize the skills, resources and experience needed to complete your project and describe how your organization meets or met those requirements).
6. **Who was or will be responsible** for implementing your project?
7. **Do you have specific activities** that you seek funding? What elements of your project will you be **funding through other sources**? Identify any volunteer hours and/or in-kind services/materials to be donated. On the enclosed budget forms, be sure to complete all of the information requested.
8. Describe the **sequence of steps** needed to implement your project and the **timeframe** in which this will occur.