**CHIRON FUND GRANT APPLICATION**

Organization Demographic Information

Please provide the following information for the clients/program participants that your organization serves. Please include all clients/participants, not just those served by the proposed project/program.

|  |  |  |
| --- | --- | --- |
|  | **Gender** | **Age** |
|  | Male | Female | Transgender | Agender | Other | 0 – 17 yrs | 18 – 26 yrs  | 27 + yrs | Unknown |
| % of clients and/or participants |  |  |  |  |  |  |  |  |  |
| Estimate, Exact, or Fairly Accurate |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Poverty Level** | **Race** | **Residency** |
|  | Live below 200% Federal Poverty Line\* | White/ Caucasian | Non-white/ Not Caucasian | St. Louis City | St. Louis County | Other | Unknown |
| % of clients and/or participants |  |  |  |  |  |  |  |
| Estimate, Exact, or Fairly Accurate |  |  |  |  |  |  |  |

\*Use the 2019 Federal Poverty Guidelines as a resource: <https://aspe.hhs.gov/poverty-guidelines>. Remember to double the amount shown to report 200% of poverty line.

*OVER for STAFF, BOARD, AND VOLUNTEER DEMOGRAPHICS*

Please provide the number of staff, board, and volunteers for each of the following demographics. Please consider all who currently serve your organization. If any numbers are estimates, please indicate with an “E” after the number.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **TOTAL** | **Gender** | **Status** |
| Male | Female | Transgender | Agender | Other | Full-time | Part-Time (less than 30 hrs/wk)  |
| Staff |  |  |  |  |  |  |  |  |
| Board |  |  |  |  |  |  |  |  |
| Volunteers |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Paid/Unpaid** | **Race** | **Residency** |
|  | Paid | Unpaid | White/ Caucasian | Non-white/ Not Caucasian | St. Louis City | St. Louis County | Other | Unknown |
| Staff |  |  |  |  |  |  |  |  |
| Board |  |  |  |  |  |  |  |  |
| Volunteers | 0 |  |  |  |  |  |  |  |