

2025 PRIDE GRANT APPLICATION

When available, excess funds raised for the Rochester Pride Parade & Festival are used to support LGBTQ+ events and programming throughout the Rochester area.

Every year, funds raised for the Rochester Pride Parade & Festival go into a restricted fund to pay for the two events. If there is a balance in the fund after all the expenditures are met, organizations may apply for a portion of the funding to support LGBTQ+ events and programming throughout the Rochester area.

We will be accepting grant applications in 2025. We seek to fund current and future events and programs to support the emotional, psychological, and social well-being of LGBTQ+ communities.

To apply, please complete the form below. If you are unsure about an answer, please write “unknown.” This will not invalidate or void your application for consideration.

Applications will be accepted from September 15, 2025 to November 17, 2025. Once the window has closed, the applications will be reviewed by a selection committee. Awardees will be alerted via email starting on February 5, 2026.

Following grant awards, we will provide a Report of Initiative form. The Report of Initiative form must be returned back to the selection committee within 1 year of the receipt of grant funding.

CONTACT INFORMATION

Organization Name	Program Name
Submitted By name and title, if applicable	Email Address
Phone Number	Address of Submitting Party

1. ORGANIZATION MISSION/OVERVIEW

What is your organization’s mission? What populations do you serve? What are the core operations of your program? Is your organization a 501 (c)(3) or 501(c)(4)?

2. STATEMENT OF NEED

Please describe with as much detail as possible: the type of request and whether you have received a Pride grant in the past, as well as how much you received.

Dollar Amount Requested	Total Cost of Initiative/Project
-------------------------	----------------------------------

3. PROGRAM/ EVENT DESCRIPTION

Please include number of anticipated participants and target audience of your event (i.e families, children, women, BIPOC, veterans, people with specific health conditions, specific geographic areas, LGBTQ+, etc.)

4. GOALS/OBJECTIVES

Please list:

5. BUDGET OVERVIEW

Please include:

- What percentage of the requested funding is being allocated to administrative costs?
- What other additional funding or revenue streams are being pursued for the initiative?
- Is this a one-time or an ongoing initiative? If it's ongoing, what is your plan for sustainability?

If you'd like to submit any supporting documents, such as a budget spreadsheet, please include with your submission.

Please email your completed form to development@trilliumhealth.org.

For questions, please contact Kristin Cook at [585.736.9242](tel:585.736.9242)