

**INLAND EMPIRE COMMUNITY FOUNDATION  
RIVERSIDE COUNTY NONPROFIT ASSISTANCE FUND**

**Organization Name:**

**Completed by (name & email):**

**Organization Data**

**Total # of Staff:**

**Total # of Board of Directors:**

**Is your CEO/Executive Director minority-led (BIPOC – Black, Indigenous, People of Color and/or Female)**

**Please complete below to the best of your knowledge:**

Number of	Staff	Senior Leadership	Board of Directors	Volunteers	
Black					
Indigenous					
Latinx					
Asian/Pacific Islander					
Other					
LGBTQ+					
Female					
Male					
Non-conforming					
People with Disabilities					
Seniors					
Veterans					