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CenterLink: The Community of LGBTQ Centers
CenterLink strengthens, supports, and connects LGBTQ community centers. Founded in 1994, CenterLink plays an important role in addressing the challenges centers face by helping them to improve their organizational and service delivery capacity, access public resources and engage their regional communities in the grassroots social justice movement. For more information, visit www.lgbtcenters.org.

Movement Advancement Project
MAP’s mission is to provide independent and rigorous research, insight and communications that help speed equality and opportunity for all people. MAP works to ensure that all people have a fair chance to pursue health and happiness, earn a living, take care of the ones they love, be safe in their communities, and participate in civic life. For more information, visit www.lgbtmap.org.

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Disclaimer: The opinions expressed in this report reflect the best judgment of CenterLink and MAP based on analysis of data collected from participating LGBTQ community centers. These opinions do not necessarily reflect the views of our funders, CenterLink members, or other organizations. Additionally, some quotes from participating centers may be lightly edited for clarity or length.
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**COVID IMPACT:** To find COVID-related discussions, look for this symbol throughout the report, or see the *Adapting to COVID* section on pages 28-30.
EXECUTIVE SUMMARY

The 2020 LGBTQ Community Center Survey Report is part of a biennial effort to track the growing movement of LGBTQ community centers and to identify trends and needs in the field. This joint report by the Movement Advancement Project (MAP) and CenterLink presents findings from the seventh biennial survey of LGBTQ community centers in the United States.

This report provides a comprehensive review of participating LGBTQ community centers’ capacity, including staffing, boards of directors, budgets, revenues, expenses, and fundraising; programs and services, including key communities served, types of programs and services, computer resources, and political advocacy; and center needs. Throughout the report, centers’ programmatic successes and challenges are highlighted to illustrate how centers are serving their diverse communities. The report also provides a valuable overview of the centers’ priorities and needs for organizations and donors interested in engaging with or supporting community centers and their programs and services.

This year’s report also includes information about how centers are responding to the COVID-19 pandemic (hereafter referred to simply as COVID). Throughout the report, examples of COVID’s impacts on LGBTQ centers are highlighted, with a section on pages 28-30 that summarizes these impacts and how centers have responded—swiftly, strategically, and creatively—to the ongoing pandemic. Look for this symbol throughout the report to find COVID-related content.

Participating Centers

Overall, 186 LGBTQ community centers participated in this year’s survey, representing 43 states, the District of Columbia, and Puerto Rico (see Figure 1 for a map or Appendix B for a list of participating centers). Across the country, these community centers are vital players in the LGBTQ movement and provide an invaluable link between LGBTQ people and local, state, and national efforts to advance LGBTQ equality.

In many cases, centers are separated into two categories: “small” centers with pre-COVID 2020 expense budgets of $150,000 or less; and “large” or “big” centers with pre-COVID 2020 expense budgets of more than $150,000. This budget threshold reflects a significant turning point in center capacity, as centers above this budget are significantly different than centers at or below this budget across nearly every dimension, including staff size, programs, and more.

In 2020 (prior to COVID), 38% of participating centers were small centers and 62% were large centers. Small centers are more likely to operate in the South and are more likely to report that the majority of people they serve are from rural areas.

Center Capacity

• More than eight out of ten centers have a dedicated physical space, with 55% of all centers renting and 26% owning. Of the centers that lack a dedicated physical space, nearly all are small centers, or those with budgets of $150,000 or less.

• In a typical week (pre-COVID), LGBTQ community centers with physical space are open to the public for an average of 43 hours, with big centers open an average of 49 hours per week and small centers open an average of 29 hours per week.

• Four in five centers (81%) that have physical space have designated all the restrooms in their building as all-gender restrooms, with another 14% having at least some of their restrooms designated as all-gender.

COVID IMPACT: While many centers with physical space temporarily closed their physical doors during COVID, at least two participating centers permanently closed their physical space but continue to operate online. At least one LGBTQ center—the Rush Center in Atlanta, Georgia—permanently closed altogether due to COVID.

1 Of the seven states that are not represented this year, five have at least one LGBTQ community center but no center participated in the survey (Delaware, Hawai‘i, Iowa, Missouri, and Montana), while two states lack an LGBTQ community center that is part of the CenterLink network (Louisiana, North Dakota).
Center Staff and Board

- Participating centers employ nearly 2,500 paid staff and engage with nearly 14,000 volunteers for over half a million (550,000) volunteer hours annually.
- More than half (56%) of LGBTQ community centers remain thinly staffed: 23% have no staff and rely solely on volunteers, while another 33% of centers have between one and five paid staff. As expected, small centers are much more likely to have few or no paid staff: 97% of small centers have five or fewer paid staff or are entirely volunteer run, compared to only 27% of large centers that have five or fewer staff or are entirely volunteer run.
- While 96% of large centers have a full-time paid executive director, only 25% of small centers have a full-time, paid executive director.
- People of color comprise the majority (61%) of all community center paid staff, but the minority (40%) of senior staff positions. Center staff reflect a diverse range of sexual orientations and genders, including that the vast majority of center staff are LGBQ+, and 14% are transgender.ii
- Among center boards, one-third (33%) of all board members are people of color. Additionally, 13% of board members are transgender.

Finances

- Prior to COVID, center finances were growing. From 2018 to 2019, center revenue increased nearly 17%. Though all centers saw a similar increase in revenue, small centers projected a much larger increase in expense budgets for 2020. Small centers projected a 31% budget increase from 2019 to 2020, while large centers projected a 14% increase.
- Looking at revised budgets in July—just four months into the pandemic—LGBTQ community centers reported their revised 2020 budgets collectively decreased over $10 million, with small centers hit especially hard. Among participating centers that provided financial information, their combined pre-COVID 2020 budget was nearly $315 million, with centers reporting in July 2020 an adjusted combined budget of $304 million due to the pandemic. Small centers’ collective budget decreased 14%, compared to 3% among large centers.
- Prior to COVID, small centers reported an average expected 2020 expense budget of $56,600 and a median expense budget of $40,000. Large centers reported an average 2020 expense budget of $3.5 million ($1.9 million excluding the Los Angeles LGBT Center)iii and a median expense budget of $721,000 ($720,000 excluding Los Angeles LGBT Center).
- For large LGBTQ community centers, program income comprises the largest share of revenue (32%), followed by government grants (27%) and individual contributions (11%). Nearly two-thirds of small centers report that their main source of revenue is either individual contributions or fundraising events.

COVID IMPACT: At the time of the survey (July 2020), 74% of centers had not yet been forced to make any changes to the number of staff or staff hours as a result of COVID, and 89% had not made any changes to staff compensation or benefits. As one center commented, “We have been determined not to add our staff to the ranks of the unemployed and uninsured.” Additionally, some centers have added staff to help manage new or COVID-responsive programming. Among those centers that were forced to lay off or furlough staff, some were able to hire back staff after receiving the federal Paycheck Protection Program loan. Importantly, however, many centers noted that their successes thus far would be difficult to maintain, depending on the continuing impact of the pandemic and whether future government or financial support would be available.
To read more about how centers are impacted by and responding to COVID, see the “Adapting to COVID” section near the end of this report.

**Government Grants**

- Grants from local, state, and federal governments allow centers to provide vital programs ranging from HIV prevention and care to housing and substance use programs. Nearly half (46%) of all participating centers report currently having at least one government grant (local, state, or federal) of over $10,000.

- Government grants are a key source of revenue for LGBTQ centers, with participating centers reporting more than $93 million in government grant income. Government grants comprise the second largest source of revenue for big centers, and the primary source of revenue for roughly one in eight small centers.

- Nearly half (47%) of all centers identified limited staff time to devote to grant writing as their number one barrier to applying for government grants. Roughly equal numbers of centers said their top barriers were too much competition for funding (16% of all centers) or insufficient knowledge of or experience with the government grant application process (14%).

**COVID IMPACT:** By the time of the survey (July 2020), centers’ expected 2020 budgets collectively decreased over $10 million, or 3% overall. Small centers have been hit particularly hard, with small center budgets collectively decreasing 14%, compared to 3% at big centers. Additionally, eight centers (4% of participating centers) moved from “big” to “small” budgets.

Many centers still expect financial growth relative to 2019, though not nearly as expansive as originally planned due to COVID and its continuing impacts. Just four months into the pandemic, COVID had already cut small centers’ planned growth by more than half, and large centers’ growth by more than one-quarter. As the pandemic continues and its economic impacts accumulate—particularly in the absence of government action and further financial support—centers may experience even further setbacks.

**Programs & Services**

**People Served**

- Prior to COVID, LGBTQ community centers collectively served nearly 58,300 individuals in a typical week and referred nearly 25,000 individuals per week to other agencies or providers (such as LGBTQ-friendly medical providers, lawyers, or businesses) for services and assistance.

- Geographically, four out of five (82%) participating centers saying they primarily serve people from their local town or county region, with fewer centers operating at a state or multi-state regional level.

- Demographically, the people and communities that centers serve are diverse, including many LGBTQ people of color, low-income people, youth, transgender people, and more.

**COVID IMPACT:** Centres continue to serve thousands of people per week, including virtually. During the pandemic, centers report they are now serving an average of 45,700 clients per week, and 24,000 referrals per week. During COVID, small centers have actually seen a 34% increase in the average weekly number of clients, while big centers have seen a 24% decrease in average weekly clients.

**Programs**

- Centers tailor their programming to their populations: 83% of centers offer LGBTQ-youth-specific programming, and 80% offer programming tailored to transgender people. Roughly half of centers offer programming for LGBTQ people of color (50%), low-income LGBTQ people (46%), and people living with HIV (45%), while fewer centers offer programs tailored to LGBTQ people of faith (24%), LGBTQ people with disabilities (23%), or LGBTQ immigrants (22%).
• More than two in five (41%) LGBTQ community centers offer services in a language other than English, with Spanish and American Sign Language as the most frequently offered languages. Additional languages offered by some centers include Arabic, Chinese, Farsi, German, Korean, and Tagalog.

Physical and Mental Health Services

• Three quarters (75%) of LGBTQ community centers serve as health and wellness centers for LGBTQ people, offering direct services or programming for physical health, mental health, and/or anti-violence work. In 2019, these centers collectively provided physical health services to nearly one million people (950,000 people) and mental health services to nearly 48,000 people.

• Nearly half (49%) of participating centers provide direct physical health services, such as STI/HIV testing or care, PrEP or pharmaceutical services, or hormone or transgender-specific medical care. More than two-thirds (67%) of centers provide direct mental health services, such as counseling, peer-led programs, or support groups. More than one-third (37%) offer anti-violence programming, such as domestic or intimate partner violence counseling or suicide prevention.

• Large centers are roughly twice as likely as small centers to offer physical or mental health services.

Community Education and Advocacy

• LGBTQ community centers are integral in educating community members about LGBTQ people and working to improve the lives of the people they serve. Nearly all LGBTQ community centers (94%) engage in policy-related activities or advocacy geared toward improving the lives of the people they serve and their broader community.

• Four out of five centers (80%) work to advance policy at the local level, while 71% engage at the state level and 37% advocate at the national level.

• The most frequent advocacy activities that centers take are educating the public about key issues impacting LGBTQ people (81% of all centers) and participating in coalitions or collaborations with goals including changing public policy (63%). More than half (59%) of all centers engage in voter registration efforts, and 44% participate in get-out-the-vote drives.

COVID IMPACT:
Centers have adapted quickly, substantially, and strategically to continue providing needed services and programs during COVID. In early 2020, roughly one in five (21%) participating centers had some kind of program or service available online. By July 2020, 94% of participating centers offered online programs.

Additionally, while centers offer many types of programs—ranging from basic needs and legal services to social, arts and cultural, and educational programs—the COVID outbreak led centers to scale back all types of programming except those focused on basic needs. In fact, many centers have expanded their basic needs programming, such as food pantries and providing direct cash assistance to community members. For example, prior to COVID, only 19% of centers offered direct cash assistance to community members, but by July 2020, nearly one-third (32%) of centers were offering emergency cash assistance to community members—a nearly 70% increase in the number of centers with such a program.

COVID IMPACT: Many centers that provide health programs and services reported increased demand for health services since the onset of COVID. Some centers also reported that their health services were among the highest priorities during the transition to virtual programming, but that the transition to virtual health services has also meant a higher demand on staff time, as some group-based services have become more difficult to operate and staff have had to pivot to one-on-one service provision.
Computer Access and CyberCenters

- Over half of centers (56%) offer computer services or resources to the public, and these computer resources are used by over 6,000 people every month.

- Of centers offering computer services:
  - 77% are big centers with budgets over $150,000.
  - 42% say they have seen increased demand for these resources over the past two years (pre-COVID).
  - 38% offer these resources through the David Bohnett CyberCenter Program.

- The most frequent uses of computer resources by center clients are job searching, entertainment, and schoolwork.

Major Challenges and Opportunities

- **Overall Challenges.** Centers were asked their top non-financial barrier as a center (prior to COVID). The most frequently noted challenges were related to staffing, such as staff turnover, lack of staff capacity/time, or more specific expertise needed (e.g., in specific programming areas).

- **Government Grants.** Nearly half (47%) of all centers identified limited staff time to devote to grant writing as their number one barrier to applying for government grants, and 88% of all centers included limited staff time in their top three barriers.

- **Public Education and Advocacy.** When asked about barriers to engaging in public policy and advocacy, the top cited reasons were lack of staff (77% of all centers said this was a barrier), lack of time (58%), and lack of funding (46%). Additionally, 46% of centers cited their 501(c)(3) tax exempt status as a barrier to advocacy, indicating a potential lack of full understanding about how centers can engage in public policy advocacy.

- **Computer Access.** When asked about their top computer-related challenges, centers participating in the David Bohnett CyberCenter program were most likely to identify the lack of a dedicated staff person or volunteer to manage or oversee computer resources as their biggest challenge. For non-Bohnett centers, the most frequently cited challenges were the financial cost of computer resources, followed by a lack of physical space for them.

- **Opportunities.** Participating centers express consistent interest in technical assistance on many topics: half or more of all centers report they are “very interested” in receiving assistance on anti-racism and diversity, equity, and inclusion (58%); fundraising (54%); leadership development and support specifically for leaders of color (54%); board development (52%); and more.

COVID IMPACT: COVID has been and remains a tremendous challenge to LGBTQ community centers. Overall, 40% of centers say that their top priorities for 2020 changed because of the pandemic, with many centers putting strategic plans, major planned events, and more on hold in order to prioritize keeping current programs operating or the center’s financial survival. However, the remaining 60% of centers report that their top priorities remain the same, such as maintaining health and wellness programming or providing rapid relief to community needs.

Small centers have been especially hard hit, with expected financial growth from 2019 to 2020 cut in half at the time of the survey (July 2020). As the economic impacts of COVID continue to accumulate, it seems likely that these harms to centers will also continue to grow and that small centers will continue to be disproportionately impacted.

While centers have adapted quickly and strategically throughout the pandemic thus far, many centers report that their continued survival and success will remain largely dependent on financial support and government action.

To read more about how centers are impacted by and responding to COVID, see the “Adapting to COVID” section near the end of this report.
Figure 1: Participating LGBTQ Community Centers Serve the Residents of 43 States, DC, and Puerto Rico
Number of participating centers in each state (n=186)

To read more about how centers are impacted by and responding to COVID, see the “Adapting to COVID” section near the end of this report.
INTRODUCTION

LGBTQ community centers play an important role in the life of LGBTQ people in the United States. In some parts of the country, a local community center may be the only resource where LGBTQ residents can access affirming and inclusive social, educational, and health services. Across the country, these community centers are vital players in the LGBTQ movement and provide an invaluable link between LGBTQ people and local, state, and national efforts to advance LGBTQ equality.

The 2020 LGBTQ Community Center Survey is the seventh biennial survey of LGBTQ community centers across the United States. MAP and CenterLink originally developed the survey with input from community center senior management, LGBTQ funders, and national partners, and it was first conducted in 2008. Each subsequent iteration is improved based on feedback from previous surveys and newly emerging experiences or challenges.

This report provides a comprehensive review of participating LGBTQ community centers’ capacity, including staffing, boards of directors, budgets, revenues, expenses, and fundraising; programs and services, including key communities served; and center needs.

This year’s report also includes information about how centers are responding to the ongoing COVID-19 pandemic (hereafter referred to as COVID). Throughout the report, examples of how COVID has impacted centers are highlighted, and the section on pages 28-30 summarizes these impacts and how centers have responded to the pandemic.

Centers’ programmatic successes and challenges are highlighted throughout the report to illustrate how centers are serving their diverse communities. The report also provides a valuable overview of centers’ priorities and needs for organizations and donors interested in engaging with or supporting community centers and their programs and services.

PARTICIPATING CENTERS

In July 2020, MAP and CenterLink sent the online survey to 254 LGBTQ community centers identified by CenterLink in 48 states, the District of Columbia (DC), and Puerto Rico. The survey was open for approximately one month, with regular and repeated outreach throughout the fielding period to recruit as many participants as possible.

Out of this initial sample of 254 centers, 186 centers provided information, yielding a 73% participation rate. Overall, 150 centers fully completed the survey, yielding a 59% completion rate. As shown in Figure 1 on the previous page, participating centers represent 43 states, DC, and Puerto Rico.

Throughout the report, we note the number of centers providing information about a specific question. Not all participating centers—even those who completed the survey—answered every question; therefore, we often refer to “responding centers” to indicate that our analysis includes the centers that responded to a particular question rather than all participating centers. We list the 2020 participating centers in Appendix B.

In many cases, centers are separated into two categories: “small” centers with pre-COVID 2020 expense budgets of $150,000 or less; and “large” or “big” centers with pre-COVID 2020 expense budgets of more than $150,000. This budget threshold reflects a significant turning point in center capacity, as centers above this budget are significantly different than centers at or below this budget across nearly every dimension, including staff size, programs, and more. For example, in the 2018 survey, small budget centers had an average of zero full-time staff and at most two full-time staff, while large centers (excluding the Los Angeles LGBT Center) had an average of 14 full-time staff and at most 135 full-time staff. Because the Los Angeles LGBT Center is so large compared to the rest of the center cohort—with a 2020 pre-COVID budget of $139 million, compared to an average $1.9 million budget among big centers—it is sometimes excluded from report analyses so as not skew the results, although we note where this is the case.

Prior to the COVID pandemic, 38% of participating centers were small centers and 62% were large centers. Following the onset of the pandemic, many centers’ budgets were affected, including eight centers (4% of participating centers) moving from large to small budget centers.

The infographic on page 2 shows that small centers

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a Because the centers that participate in the survey vary from year to year, readers should not draw comparisons between the findings of this report and past years’ reports.

b Unrepresented states were Louisiana and North Dakota.

c States that were represented in the original sample but whose centers did not participate in the survey were: Delaware, Hawai‘i, Iowa, Missouri, and Montana.

d Centers that began 2020 as large budget centers but became small budget centers due to COVID are still grouped with large budget centers throughout this report’s analyses, given that they originally began the year with a budget over $150,000.

To read more about how centers are impacted by and responding to COVID, see the “Adapting to COVID” section near the end of this report.
### States Vary in Their Number of Small vs. Big Budget Centers

#### # of participating centers (n=186) in each state

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#### Small Centers

- **Puerto Rico**, 1%
- **Midwest**, 17%
- **South**, 34%
- **West**, 21%
- **Northeast**, 27%

#### Big Centers

- **Puerto Rico**, 1%
- **Midwest**, 17%
- **South**, 23%
- **West**, 30%
- **Northeast**, 29%

---

Note: Regions as defined by U.S. Census Bureau, except here DC, DE, and MD are included in Northeast rather than South. See MAP’s 2020 reports on LGBTQ people in the U.S. South for more.
operate in 35 states (including DC and Puerto Rico), and that big centers operate in a different set of 35 states (including DC and Puerto Rico). Overall, small centers are more likely to operate in the South, and they are also more likely to report that the majority of people they serve are from rural areas.

**CENTER CAPACITY**

The 186 centers that participated in the 2020 LGBTQ Community Center Survey vary greatly in their age and infrastructure. As shown in Figure 2, since the 1960s, the number of LGBTQ community centers has continued to grow. While in recent years many people have been concerned about the declining number of LGBTQ-specific spaces, Figure 2 shows that more LGBTQ centers were founded in the 2010s than in any other decade so far.

**Facilities and Accessibility**

The vast majority (84%) of participating centers have physical space, though centers vary in whether they rent (55%) or own (26%) their space. Three percent of centers have space but neither rent nor own it (e.g., hosted by another organization). Of the 30 centers without any dedicated physical space, nearly all (25) are small centers with budgets of $150,000 or less.

As shown in the infographic on the next page, both small and big centers rent space at roughly equal rates, but they differ in other important ways when it comes to physical facilities. For example, small centers are more likely to lack any physical space at all (35% of small centers vs. 4% of big centers), while big centers are more likely to own their space (37% of big centers vs. 8% of small centers).

Centers with physical space vary in the number of hours they are typically open. As shown on the next page, these centers are open (prior to COVID) an average of 43 hours per week. Large centers with physical space are open roughly 49 hours per week, compared to 29 hours per week for small centers with physical space. Nearly all (86%) centers with physical space offer at least some evening hours during the week, and nearly two-thirds (64%) offer at least some weekend hours.

The infographic on the next page shows that centers also strive to make their buildings accessible, with 86% of centers with space offering accessible restrooms and nearly the same percentage offering accessible parking (84%) and all-gender restrooms (81%). Fewer centers offer signs or materials in Braille (19%) or TTY services (12%).

**COVID IMPACT:** While many or nearly all centers with physical space temporarily closed their physical doors during COVID, at least two participating centers permanently closed their physical space but continue to operate online. One center permanently closed entirely, ending all operations, as a result of COVID.

“We had a physical location, but we gave it up because of COVID. It was a shared space. Moving online has allowed us to expand our programming outside the restricted calendar of the shared space. We are hoping to get a physical location that is only ours when this is over.”

-San Gabriel Valley LGBTQ Center, Monrovia, CA

Two in five (41%) LGBTQ community centers offer services in a language other than English, with Spanish and American Sign Language as the most frequently offered languages. For more information, see the section on Programs and Services.

**Center Staff**

The staff, board members, and volunteers at LGBTQ community centers are central to centers’ ability to provide the services, connections, and programs on which LGBTQ people around the country rely.

Overall, there are nearly 2,500 paid staff working at 160 responding centers. Additionally, nearly 14,000 people volunteer at participating community centers, volunteering over half a million hours (550,000 hours) each year, helping both large and small centers to significantly expand their work.

To read more about how centers are impacted by and responding to COVID, see the “Adapting to COVID” section near the end of this report.
MAJORITY (84%) OF CENTERS HAVE PHYSICAL SPACE, BUT SMALL VS. BIG CENTERS DIFFER

SMALL CENTERS MORE LIKELY TO LACK PHYSICAL SPACE
% of small centers (n=71)
- No space, 35%
- Rent, 54%
- Something else, 3%
- Own, 8%

BIG CENTERS MORE LIKELY TO HAVE AND TO OWN PHYSICAL SPACE
% of big centers (n=115)
- No space, 4%
- Rent, 56%
- Own, 37%
- Something else, 3%

AVERAGE WEEKLY OPEN HOURS VARY BY CENTER SIZE, BUT MOST CENTERS OFFER EVENING AND WEEKEND HOURS
Among centers with physical space (n=154), pre-COVID
- Small Centers: 29 hours
- All Centers: 43 hours
- Big Centers: 49 hours
86% of centers with space are open at least some evening hours
64% of centers with space are open at least some weekend hours

CENTERS STRIVE TO MAKE PHYSICAL SPACES ACCESSIBLE
% of centers with physical space (n=154)
- Accessible restrooms: 86%
- Accessible parking: 84%
- Clear paths of travel to and throughout*: 73%
- Visual fire alarms: 69%
- Accessible service desks: 54%
- Accessible drinking fountains: 38%
- Signs and materials in Braille: 19%
- TTY services: 12%
*Includes, if necessary, automatic doors, handrails, ramps, and/or elevators.

NEARLY ALL CENTERS HAVE AT LEAST SOME ALL-GENDER RESTROOMS
% of centers with physical space (n=154)
- No restrooms designated as all-gender, 5%
- Some restrooms designated as all-gender, 14%
- All restrooms designated as all-gender, 81%

COVID IMPACT: In March 2020, many centers were forced to close their physical doors due to COVID. But centers adapted in many ways, including significantly expanding their online and virtual offerings: prior to COVID, 21% of participating centers had some kind of program or service available online. Now, 94% of centers offer online programs.
However, more than half (56%) of LGBTQ community centers remain thinly staffed: 23% have no paid staff and rely solely on volunteers, while another 33% of centers have five or fewer paid staff.

The infographic on page 7 shows the clear difference in staffing for small and big centers. Nearly all small centers (97%) have five or fewer staff or no paid staff at all and rely entirely on volunteers: 42% of small centers have five or fewer staff, and 55% have no paid staff at all. By contrast, only 26% of big centers have five or fewer staff, and only one big center is entirely volunteer run.

Additionally, specific staff positions vary widely across both small and big centers. For example, while 96% of large centers have a full-time paid executive director, only 25% of small centers have a full-time paid executive director. However, an additional 9% of small centers have a part-time paid executive director, and 37% of small centers rely solely on a volunteer executive director. In general, small centers are more likely to rely on part-time or volunteer positions.

As shown on page 7, centers offer many training and professional development opportunities to their paid staff. Notably, while small centers are less likely than big centers to offer most of the types of trainings asked about in this survey, small centers offer diversity and inclusion training at nearly the same rate as big centers.

Centers offer a variety of benefits to full-time paid staff, with 70% or more of centers with paid staff offering health insurance (70%), paid sick time (77%), or paid vacation (81%). LGBTQ community centers are less likely to offer such benefits to part-time paid staff: only 37% of centers with paid staff provide paid sick time for part time staff, and only 11% offer health insurance to part time staff.

Demographically, the staff of LGBTQ centers are diverse, frequently mirroring the communities they serve. As shown in the infographic on page 8, across all centers that reported demographic data about their staff, a majority (61%) of all LGBTQ center staff across the country are people of color. Among senior staff, however, only 40% are people of color. The vast majority of both staff and senior staff are LGBQ, and 14% of both staff and senior staff are transgender.

Overall, 85% of centers with paid staff have at least one diversity and inclusion policy in place.

Center Boards of Directors

LGBTQ community centers rely on boards of directors for governance, guidance, and to ensure the center is anchored by members of the community. As shown in the infographic on page 9, among centers that provided demographic data about board members, one-third (33%) of LGBTQ center board members nationwide are people of color. Nearly matching center staff composition, 13% of board members are transgender.

Roughly two-thirds of large centers (62%) require that board members financially contribute to the center through a “give/get” policy, while only one-third of small centers (33%) have this requirement.

Most centers have board governance policies, including 86% of centers that have a conflict of interest policy for board members. Roughly half or more of centers have new board member trainings (53% of centers), review and approval of compensation for the executive director (53%), and independent review or auditing of center financials (49%).

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4 One large center is an outlier with respect to both its staff size and diversity, with 72% of its staff being people of color. Excluding that center’s staff from demographic analysis, 55% of center staff nationwide are people of color.
5 According to the Williams Institute (2016), an estimated 0.6% of the U.S. adult population is transgender.
### Centers Are Committed to Anti-Racism and Improvement in Staffing and Programming

**Side by Side VA—Richmond, Virginia**

“In November 2019, Side by Side VA launched a commitment to Black LGBTQ+ youth, recognizing that we needed to take some time to focus our energy on providing better services and resources to a large segment of our local community. We went public with our commitment and have since expanded our youth of color support group, hired more Black staff to full-time and director-level positions, and welcomed more Black board members to the organization. We have also worked to advocate for policies that support the Black community such as recent efforts to defund the police and remove confederate monuments from the City of Richmond.”

**The Center—New York City, New York**

“Ending isolation through the power of community is at the core of The Center’s mission. To address the intersecting stresses of COVID-19, isolation, and our country’s widespread reckoning with racism, The Center has also started several new online support groups, including a group for QTPOC [queer or transgender people of color] young people; two drop-in groups focused on mindfulness, meditation, and coping skills, and a Spanish-language support group.”

**Pride Center of Vermont—Burlington, Vermont**

“Thrive, our group and programming for queer and transgender people of color, is expanding at a time of racial reckoning as a small homogeneous state. People of color are here and need to expand programs. The three staff dedicated to this program are developing a Mutual Aid Fund, are challenging our communities to rethink public safety and policing, and are creating podcasts and community building activities at a time of isolation.”

**Compass LGBT Community Center—Lake Worth Beach, Florida**

“In February, we hosted a dinner and discussion dedicated to the National Black HIV/AIDS Awareness Day. Our staff worked hard doing outreach to the community to ensure LGBTQA people of color were aware of the event and able to attend. The evening featured catering from a local Black-owned restaurant, and a speaker’s panel by leaders and staff of color. More than 40 people turned out for the event, which entirely centered the voices and experiences of Black people living with HIV. Based on post-event surveys and verbal feedback of the evening, the majority of the participants felt heard, seen, and would attend more events that were organized for and by the Black community. We were pleased with many outcomes of the event, but realized such programming should not be viewed as a standout, but rather more consistent and regular programming for the Black community overall.”
MAJORITY OF SMALL CENTERS ARE VOLUNTEER-RUN

% of small centers reporting staff data (n=65)

67

TOTAL PAID STAFF
(and many volunteers) at 65 small community centers

42%

55%

3%

BIG CENTERS VARY IN STAFF SIZE

% of big centers reporting staff data (n=95)

2,417

TOTAL PAID STAFF
(and many volunteers) at 95 big community centers

26%

33%

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33%

15%

1%
A MAJORITY OF CENTER STAFF, BUT NOT SENIOR STAFF, ARE PEOPLE OF COLOR

% of all paid staff vs. senior staff

- White: 39% (60%)
- Latinx: 15% (27%)
- Black: 21% (17%)
- Asian: 4% (2%)
- Arab/Middle Eastern: 1% (0%)
- Native Hawaiian/Pacific Islander: 1% (0%)
- Native American/Indigenous: 1% (2%)
- Multiracial: 7% (5%)

Note: May not sum to 100 due to rounding.

CENTER STAFF REFLECT DIVERSE SEXUAL ORIENTATIONS

% of all paid staff vs. senior staff

- Gay/Lesbian: 42% (53%)
- Bisexual: 7% (7%)
- Queer: 18% (20%)
- Asexual: <0.5% (1%)
- Heterosexual: 28% (18%)

CENTER STAFF ARE MAJORITY WOMEN AND NON-BINARY

- 47% of board members are men
- 46% of board members are women
- 7% of board members are transgender
- 82% of board members are non-binary

NEARLY NINE IN TEN CENTERS HAVE FORMAL DIVERSITY & INCLUSION POLICIES FOR STAFF

% of responding centers with paid staff (n=122)

- Formal grievance policy: 70%
- Formal employee conduct code: 69%
- Statement of values/strategic goals for diversity: 61%
- Affirmative action policy: 39%
- Religious accommodations for staff: 39%
- Designated person or committee to oversee diversity: 34%
- Required ongoing DEI education/training for staff: 27%
- Formal assessment of diversity goals: 25%
- Required DEI training for new staff: 23%

Note: Not all centers reported each (or any) type of demographic information about staff. Numbers shown here reflect the demographics of staff/centers that reported each type of data. Additionally, there were too few paid staff at, or demographic data from, small centers to show small vs. big center differences. Gender categories are transgender-inclusive; for example, "Women" includes both transgender and cisgender women. Transgender status or identity was asked as a separate question.
70% of centers have boards of directors that are elected or voting boards (as opposed to self-selected boards).

50% have a “give or get” financial requirement of board members (only 33% of small centers have this requirement, compared to 62% of large centers).

33% of board members are people of color.

46% of board members are women.

7% of board members are non-binary.

13% of board members are transgender.

47% of board members are men.

82% of board members are LGBTQ+.

49% of all responding centers (n=157)

- Conflict of interest policy
- New member training
- Compensation review and approval process for CEO/ED
- Independent accountant compiles, reviews, or audits financial statements
- Whistleblower policy
- Training opportunities
- Board self-assessment process
- Audit committee

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- Independent accountant compiles, reviews, or audits financial statements
- Whistleblower policy
- Training opportunities
- Board self-assessment process
- Audit committee
Center Finances

The financial realities of LGBTQ community centers vary greatly. Based on pre-COVID 2020 financials, nearly two in five (38%) participating centers are “small” centers, or centers with annual budgets of $150,000 or less. The remaining 62% of centers are “big” centers with budgets over $150,000, including 10 centers (5% of centers) with budgets over $5 million. As noted throughout this report, small and big centers often vary widely in their facilities, staff, programming, and more.

Prior to COVID, center finances were growing. In fact, while all centers saw similar revenue growth from 2018 to 2019 (17% for big centers, 18% for small centers), small centers projected an even larger increase in their budgets for 2020: as shown in the infographic on page 12, small centers projected a 31% increase in expense budgets from 2019 to 2020, more than twice the size of big centers’ projected 14% increase. In total, among the 149 centers that provided detailed 2020 budget information, the combined projected 2020 budget (pre-COVID) totaled nearly $315 million.

Looking at revised 2020 budgets in July 2020—just four months into the COVID pandemic—LGBTQ community centers reported their revised 2020 budgets collectively decreased over $10 million, with small centers being hit especially hard. While centers still project growth in finances relative to 2019, COVID’s economic impacts have cut small centers’ expected growth by more than half, and large centers’ growth by more than one-quarter. For more information, see the Adapting to COVID section.

As shown on page 12, for large LGBTQ community centers, program income comprised the largest share of 2019 revenue (32%), followed by government grants (27%) and individual contributions (11%). In contrast, nearly two-thirds of small centers report that their main source of revenue was either individual contributions or fundraising events. Given the continuing pandemic, these sources of revenue—government funding, individual giving, and program-based income—may be especially vulnerable in the near future.

Fundraising

As shown here, LGBTQ community centers rely on individuals, corporations, foundations, and grants, among other sources, to be able to provide the services and programs their communities need. Over half of participating centers (57%) have a development or fundraising plan currently in place, and an additional 33% of centers plan to create a plan in the next year.

Government Grants

Government grants are an important investment in local communities, needed services and programs, and the grant recipients themselves. LGBTQ community centers across the country use grants from federal, state, or local governments to provide programs and services ranging from STI/HIV prevention and care to housing, LGBTQ youth services, mental health, career development, and more.

Overall, nearly half (46%) of LGBTQ community centers currently receive at least one federal, state, or local government grant of $10,000 or more, as shown in the infographic on page 13. Participating centers reported nearly 500 such current grants, totaling more than $93 million.
Government grants are a key source of revenue for LGBTQ community centers: large LGBTQ community centers report that more than one-quarter (27%) of combined total revenue in 2019 came from government grants, making up the second largest source of revenue for large centers (see page 12). Roughly one in eight (12%) small centers say that government grants are their primary source of revenue.

Despite the importance of government grants, many centers report significant obstacles in their ability to apply for grants. As shown on page 13, nearly half (47%) of all centers say their top barrier to accessing government grants is limited staff time to devote to grant writing. Roughly equal numbers of centers say their top barrier is that there is too much competition for funding (16% of centers) or that they do not have enough knowledge of or experience with the government grant application process (14%).

COVID IMPACT: Government grants have enabled LGBTQ centers to help respond to the COVID pandemic in their local community.

“We have added staff during the COVID period due to a new county grant.”
- OutReach LGBTQ Community Center, Madison, WI

“We received multiple grants to expand our clinical mental health services during COVID. We also received multiple grants for a prepared meals program—previously supported by multiple local churches who cooked the meals for us but can no longer gather to cook—to instead partner with local restaurants to provide these meals, which benefitted the restaurants and our clients.”
-LGBT Life Center, Norfolk, VA

To read more about how centers are impacted by and responding to COVID, see the “Adapting to COVID” section near the end of this report.
**Center Finances**

**Big Centers Receive the Largest Share of Revenue from Program Income While Small Centers Rely on Individuals and Fundraising Events**

<table>
<thead>
<tr>
<th>Source</th>
<th>Big Centers (% of 2019 combined revenue)</th>
<th>Small Centers (n=66)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>Government Grants</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td>Individual Contributions</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Fundraising Events</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Foundation</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Corporate</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Investment</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Rental</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>In-Kind</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Bequests</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Merchandise</td>
<td>1%</td>
<td></td>
</tr>
</tbody>
</table>

Note: May not total 100% due to rounding. 2019 combined revenue of $304 million (n=89 responding big centers).

**Center Budgets Vary Widely and Are Growing Even Despite COVID**

Among centers that provided 2020 budget data (n=149)

**Big Centers**

- 55 Centers
- Pre-COVID 2020 Budget: Average $3.5M, Median $721,000
- Post-COVID 2020 Budget: Average $3.3M (excl. LA Center), Median $686,000

**Small Centers**

- 59 Centers
- Pre-COVID 2020 Budget: Average $156,600, Median $40,000
- Post-COVID 2020 Budget: Average $49,700, Median $36,250

**COVID Impact**

- “The #1 priority is financial stabilization in the short-term and building our cash reserve for longer-term survival.”
- “We are now approaching fundraising differently as we can’t have in-person events. …We are creating a [broader] presence with all the virtual options.”
- “All [fundraising is] now on hold because we don’t feel comfortable asking a struggling community for funds.”
OF CENTERS CURRENTLY HAVE AT LEAST ONE GOVERNMENT GRANT OF $10K+, TOTALING MORE THAN $93.3 MILLION ACROSS NEARLY 500 GRANTS

OF THE 5 LARGEST GOVERNMENT GRANTS TO EACH CENTER:
(n=178 government grants of $10k or more, across 62 responding centers)

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>34%</td>
</tr>
<tr>
<td>State</td>
<td>34%</td>
</tr>
<tr>
<td>Local</td>
<td>31%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PURPOSE</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV prevention, testing and counseling, or care</td>
<td>24%</td>
</tr>
<tr>
<td>LGBTQ youth</td>
<td>18%</td>
</tr>
<tr>
<td>Housing and homelessness</td>
<td>13%</td>
</tr>
<tr>
<td>Multiple purpose</td>
<td>10%</td>
</tr>
<tr>
<td>Mental health</td>
<td>6%</td>
</tr>
<tr>
<td>Substance use, including tobacco cessation</td>
<td>6%</td>
</tr>
<tr>
<td>Other, including mental health; LGBTQ older adults; community development</td>
<td>23%</td>
</tr>
</tbody>
</table>

TOP BARRIER TO RECEIVING GOVERNMENT GRANTS
% of responding centers (n=158)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited staff time to devote to grant writing</td>
<td>47%</td>
</tr>
<tr>
<td>Too much competition for funding</td>
<td>16%</td>
</tr>
<tr>
<td>Insufficient knowledge of/experience with government grant application process</td>
<td>14%</td>
</tr>
<tr>
<td>Think center budget is too small to qualify</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
</tr>
<tr>
<td>Think government funders are not open to funding LGBTQ programs</td>
<td>5%</td>
</tr>
</tbody>
</table>

Note: Figures may not sum to 100 due to rounding.
PROGRAMS AND SERVICES

LGBTQ centers are an anchor for local communities. LGBTQ centers serve tens of thousands of people every week and provide vital, diverse programs and services that reflect the diverse communities they serve, including along lines of race, ethnicity, income, gender, geography, and more.

People Served

Overall, the 186 LGBTQ community centers participating in this report collectively serve roughly 58,300 people each week, as shown in the infographic on page 17. Centers also refer nearly 25,000 individuals per week to other agencies or providers, such as LGBTQ-friendly medical providers, lawyers, or businesses.

Since March 2020 and the outbreak of the COVID pandemic, participating centers report different experiences depending on their size: as shown on page 17, big centers have seen an overall decrease in weekly clients and referrals, but small centers have seen significant growth, including a 34% increase in number of weekly clients served (including through virtual programming and services).

Geographically, the vast majority (82%) of participating centers primarily serve people from their local community (whether their immediate town, county, or multi-county region), as shown in Figure 3. Fewer centers operate at a state (9%) or multi-state regional level (8%).

Demographically, the people and communities that centers serve are diverse, further illustrating how LGBTQ community centers provide vital resources, including to community members who may be especially in need of welcoming, competent services and spaces. For example, and as shown on page 17, among centers that track each type of demographic data, over half (56%) of centers report that a majority of the people they serve are people of color.

Programs

Centers tailor their programming to their populations. As shown in the infographic on page 17, most centers offer programming specifically for LGBTQ youth (83% of centers) and transgender people (80%), among others. Roughly half of centers offer programming for LGBTQ people of color (50%), low-income LGBTQ people (46%), and people living with HIV (45%), while fewer centers offer programs tailored to LGBTQ people of faith (24%), LGBTQ people with disabilities (23%), or LGBTQ immigrants (22%).

Additionally, more than two in five (41%) LGBTQ community centers offer services in a language other than English, with Spanish and American Sign Language as the most frequently offered languages. Additional languages offered by some centers include Arabic, Chinese, Farsi, German, Korean, and Tagalog.

Centers offer many types of programs and services to address the diverse needs, experiences, and interests of the people and communities they serve. As shown in the infographic on page 18, prior to COVID, the vast majority of centers offered social or recreational programs (87% of centers), such as social groups, game clubs, youth drop-ins, or dances. Similarly, 87% of centers offered arts and cultural programs like an LGBTQ library or film festivals, and 85% of centers offered educational programs like career services or financial literacy training. Two-thirds of participating centers also offered legal services (67%) such as name change clinics or immigration support, and 66% of centers offered basic needs programming like a food pantry, clothing swap or closet, or direct cash assistance to community members. See the spotlight on pages 15-16 for more examples of each type of program.
As a result of COVID, centers have strategically changed the number and types of programs and services they offer, as well as the way they offer those programs. As shown on page 18, while the majority of centers still offer each type of program discussed here, the COVID pandemic led to a clear decrease in all types of programming—except basic needs programming. For example, prior to COVID, only 19% of centers offered direct cash assistance for emergencies, but by July 2020, nearly one-third (32%) of centers were offering emergency cash assistance to community members—a nearly 70% increase in the number of centers with such a program.

Centers have also significantly expanded their online offerings. In early 2020, roughly one in five (21%) participating centers had some kind of program or service available online. By July 2020, 94% of participating centers offered online programs. Additionally, 74% of centers that now offer online services plan to keep at least some of those online programs or services after the pandemic eventually ends.

In early 2020, roughly one in five (21%) participating centers had some kind of program or service available online. By July 2020, 94% of participating centers offered online programs.
Arts & Cultural: Thornhill Lopez Center on 4th—Tucson, Arizona

“We house Arizona’s first youth queer choral ensemble, THEM, in collaboration with Tucson’s GALA chorus member, Reveille Men’s Chorus. We also collaborate with the University of Arizona Museum of Art on a project called Mapping Q. Mapping Q is a series of art workshops for LGBTQ+ youth 14-24 years where participants explore topics of art-making, self-care, and harm reduction. Youth also explore their own identities, and how representations of self are displayed in the world around us. Through art making, they respond to all these ideas. At the end of the program, every youth that completes a work of art has the chance to display that work in an exhibition at the UA Museum of Art.”

Informational & Educational: We Are Family—North Charleston, South Carolina

“Our Lowcountry GSA Coalition and outreach program’s purpose is to connect GSA [gender and sexuality alliances] students across the Charleston tri-county region and offer in-school technical assistance to GSA members and advisors. One of our GSA groups sued the state of South Carolina and brought down the state’s ‘Don’t Say Gay’ law.” *

Legal Services: Pride Center San Antonio—San Antonio, Texas

“We launched a legal clinic specific to gender and name changes. Our Gender Affirmation Project offers legal clinics in collaboration with our local law school and the ability to electronically file. Launched in 2019, we have assisted almost 100 transgender people to update their legal name and or gender.”

Health and Wellness: Centro Comunitario LGBTQ+ Para El Adulto Mayor Puerto Rico—San Juan, Puerto Rico

“We provide mental health focused programming for LGBT+ older adults, women-led households, and the LGBT population in general. We manage the local SAGE chapter [for LGBTQ older adults] and are in the process of completing PFLAG processes to become a local chapter of PFLAG. We provide a wide array of services via three programs: Reconstruye Q, a resiliency program after the environmental disasters providing aid, mental health sessions, and more; SAGE Puerto Rico; and Descubrete, our micro-business entrepreneurship program.”

* “Don’t Say Gay” laws are laws that restrict schoolteachers and staff from talking about LGBTQ people and issues, sometimes to the point of banning the formation of GSAs in schools. For more, see MAP’s Equality Maps on anti-LGBTQ school laws.
PEOPLE SERVED BY LGBTQ COMMUNITY CENTERS

58,300
CLIENTS PER WEEK

&

24,900
REFERRALS PER WEEK

COVID IMPACT: Centers continue to serve thousands of people per week, including virtually. During the pandemic, centers report they are now serving an average of:

45,700
clients per week ▲ 34% increase for small centers ▼ 24% decrease for big centers

24,000
referrals per week ▲ 6% increase for small centers ▼ 3% decrease for big centers

CENTERS SERVE DISTINCT, OFTEN UNDER-SERVED COMMUNITIES
Among centers that track each type of client demographic

66% OF CENTERS
Majority of people served make less than $30K/year

58% OF CENTERS
Majority of people served are youth ages 29 and under

56% OF CENTERS
Majority of people served are people of color

28% OF CENTERS
Majority of people served are men

21% OF CENTERS
Majority of people served are rural

16% OF CENTERS
Majority of people served are transgender

CENTERS OFFER TAILORED PROGRAMMING TO SERVE DIVERSE LGBTQ COMMUNITY
% of responding centers (n=157)

MOST CENTERS OFFER PROGRAMMING FOR:

- LGBTQ youth - 83%
- Transgender people - 80%
- Parents of LGBTQ youth - 62%
- Women - 54%
- LGBTQ people of color - 50%
- Men - 50%

SOME CENTERS OFFER PROGRAMMING FOR:

- LGBTQ older adults - 48%
- Low income LGBTQ people - 46%
- People living with HIV - 45%
- Bisexual people - 42%
- Homeless LGBTQ youth - 41%
- LGBTQ parents - 35%
- LGBTQ people in recovery - 31%
- LGBTQ people in rural areas - 29%
- Homeless LGBTQ adults - 28%

FEWER CENTERS OFFER PROGRAMMING FOR:

- LGBTQ people of faith - 24%
- LGBTQ people with disabilities - 23%
- LGBTQ immigrants - 22%
- Children of LGBTQ parents - 22%
- Formerly incarcerated LGBTQ people - 13%
- LGBTQ veterans - 12%
**LGBTQ Center Programs and Services**

Centers offer many types of programs and services, but have had to scale back during COVID.

### % of centers (n=157) offering each type of programming, before and during COVID

#### Basic Needs
- Pre-COVID: 66%
- During COVID: 67%
- Programs/Services: Assistance applying for public benefits, Food pantry or food insecurity program, Clothing swap or closet, Direct cash assistance, Hot meals

#### Social & Recreational
- Pre-COVID: 87%
- During COVID: 69%
- Programs/Services: Social parties or dances, Transgender people’s social group, Youth drop-in, Game clubs, Women’s social group

#### Arts & Culture
- Pre-COVID: 87%
- During COVID: 71%
- Programs/Services: Organizing pride celebrations, LGBTQ library, Art gallery/display space, Film festivals or screenings, Yoga/meditation classes

#### Informational & Educational
- Pre-COVID: 67%
- During COVID: 61%
- Programs/Services: Referrals to LGBTQ-friendly businesses, GSA or educator outreach, Speakers’ bureau, Employment/career services, Financial literacy training and planning

#### Legal Services
- Pre-COVID: 67%
- During COVID: 61%
- Programs/Services: LGBTQ-friendly legal referrals, Legal aid clinic or workshops, Hate crimes reporting, Legal document preparation, Immigration support or legal assistance

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**Centers Have Strategically Shifted Focus in Basic Needs Services During COVID**

### % of centers (n=157) offering each type of basic needs programming, before and during COVID

#### Food pantry or related food insecurity program
- Pre-COVID: 39%
- During COVID: 45%

#### Assistance applying for public benefits
- Pre-COVID: 40%
- During COVID: 41%

#### Direct cash assistance (general)
- Pre-COVID: 22%
- During COVID: 33%

#### Direct cash assistance (emergency)
- Pre-COVID: 19%
- During COVID: 32%

#### Clothing swap or closet
- Pre-COVID: 39%
- During COVID: 22%

#### Emergency shelter or housing
- Pre-COVID: 14%
- During COVID: 15%

#### Hot meals
- Pre-COVID: 21%
- During COVID: 11%

Note: Programs/services offered can include virtual-only programs/services.
Centers Tailor Their Programming To Meet Different Needs and Experiences

**New Haven Pride Center—New Haven, Connecticut**

“Instead of hiring a program manager full-time, we have hired a series of part-time program officers who focus on different subgroups of the LGBTQ+ community. We currently have three of these positions filled and will have a fourth in August 2020. These program officers focus on the Latinx Community, Women (inclusive of all femme identities), Trans, Intersex and Nonbinary folks, and Youth. Our long-term hope is to continue to expand these positions to also include more identities and cover additional under-served subgroups in the larger community.”

**Stand With Trans—Farmington, Michigan**

“We’ve ramped up our Ally Parents program and are ‘advertising’ it via TikTok to create awareness among youth that they have access to a supportive adult/parent to just be a listening ear, a place for solutions and resources, and a way for trans youth to feel less alone. Since beginning the TikTok messaging about a month ago, Ally Parents have received dozens of calls and messages from youth thanking us for helping them...that it made a huge difference in their life.”

**Washington County Gay Straight Alliance—Washington, Pennsylvania**

“We have been offering a wardrobe clothing swap twice a year (spring/summer and fall/winter) at our center that is open to all. We then distribute the remaining clothing and accessories to other community groups. This has been a very successful, positive event for many in the Transgender community that may not be comfortable shopping or trying on clothing in another environment, and all the clothing and accessories are free so that is a big draw to our community that has low resources. We only offered clothing at our June Wardrobe that had been quarantined since at least February in our lockers. We will take this fall off due to COVID.”

**Lambert House LGBTQ Youth Center—Seattle, Washington**

“Two of our new programs make systemic change by taking on difficult challenges where LGBTQ youth are most vulnerable, most alone, and most in need of support: religious families and rural and small towns. 1) In 2019 we expanded geographically from one location to nine service delivery locations across approximately 1,500 square miles. The eight new locations were all in jurisdictions of fewer than 30,000 people. We established new, facilitated LGBTQ youth support groups in rural areas and smaller cities where youth are the most geographically and socially isolated. Youth participation in the new groups was higher than we expected. Community response was very positive. 2) In 2018 we launched a new Faith Leaders Engagement Program with a three-year grant from a church. We hired a pastor with a doctorate in worship studies, and he trains other faith leaders in how to guide parents to reconcile their faith beliefs with their love for their LGBTQ child. Numerous faith leaders from our geographic region have invited our staffer to deliver this training for them and their congregations.”
**SPOTLIGHT**

**Addressing Both Immediate Needs and Structural Causes Through Programming**

**Transgender Resource Center of New Mexico—Albuquerque, New Mexico**

“We are proud of all of our programs, but we are excited about our social enterprise work. We opened a thrift store two years ago. The store generates revenue for our programs, but also provides job opportunities to trans and non-binary folks who often have barriers to employment. And it provides job training opportunities for other programs we have like our intensive case management program.”

**Center on Halsted—Chicago, Illinois**

“We are most excited about a positive shift in our Youth Housing Initiative Program. Although the program first opened in 2016, in 2018 it moved from the North Side of Chicago to the South Side, where we were better able to serve a population with significant needs and do so in their own communities of origin. With this shift, given the demographic and geographic makeup of Chicago, we improved our outreach efforts and were more able to support Black and Brown LGBTQ community members outside of the largely white neighborhoods of Lakeview and Edgewater on the North Side.

“The program was offered at an apartment building in partnership with Preservation of Affordable Housing (POAH). In 2019, Center on Halsted began the journey to move the program into a self-contained, self-managed converted house in which 8 young LGBTQIA people (18-24) experiencing homelessness will live and receive holistic wraparound services on site. It includes a separate carriage house on the property to allow for secure, confidential individual and group meetings. The new arrangement has become possible due to a strong partnership with a local organization, Rebuild Foundation.

“One of the most impressive aspects of this new program, however, is its service reorientation to focus more intentionally on providing anti-violence support for our participants. As virtually all of them have experienced some form of community-based, bias-motivated, interpersonal, domestic, and/or sexual violence in their lives and must manage the trauma of those experiences, Phase III of the Youth Housing Initiative Program centers its attention on providing simultaneous basic needs support (housing, food, etc.) and fully addressing the underlying needs of our youth, which are so often tied to traumatic histories of violence. To our knowledge, this is the first program of its type in the nation that centers anti-violence work in supporting LGBTQ youth experiencing homelessness.”

**Los Angeles LGBT Center—Los Angeles, California**

“We opened a new facility in South Los Angeles (many years in the making) targeted to African American LGBTQ people but serving anyone in the area, that is offering STI/HIV treatment and prevention, a variety of social and recreational services, a David Bohnett CyberCenter, and more. We started a very innovative intergenerational culinary arts training program, where youth experiencing homelessness and our senior clients apply and in cohorts of 6-10, go through a 300 hour training program (culinary instruction, meal prep, food service industry internship) to help them develop skills that can be used in starting new careers or getting better paying jobs.”

To read more about how centers are impacted by and responding to COVID, see the “Adapting to COVID” section near the end of this report.
Physical and Mental Health and Wellness Services

Overall, three-quarters (75%) of responding LGBTQ community centers serve as health and wellness centers for LGBTQ people, offering direct services or programming for physical health, mental health, and/or anti-violence work. As shown on page 22, in 2019, these centers collectively provided physical health services to nearly one million people (950,000 people) and mental health services to nearly 48,000 people. These centers provide vital health services to the LGBTQ community in an environment that is competent and respectful of their identities.

Nearly half (49%) of centers provide direct physical health services, such as STI/HIV testing or care, PrEP or pharmaceutical services, or hormone or transgender-specific medical care. However, only 12 centers participate in the federal 340(b) program, which allows them to purchase pharmaceuticals at a reduced price. More than two-thirds (67%) of participating centers provide direct mental health services, such as counseling, peer-led programs, or support groups.

The most frequently offered physical health programming area by far relates to sexual health. Among centers that offer physical health services, 80% or more offer STI/HIV testing, outreach, and/or prevention. The most frequently offered mental health service is facilitated support groups, with nearly all (92%) centers that provide mental health programming providing this service. Nearly four in five centers (79%) that offer mental health services also offer online support groups.

Large centers are far more likely than small centers to offer health services: specifically, large centers are more than twice as likely as small centers to offer physical health services (63% of large centers vs. 28% of small centers), and they are nearly twice as likely to offer mental health services (83% of large centers vs. 43% of small centers).

More than one in three (37%) centers also offer anti-violence programming. Among centers that offer anti-violence services, nearly two-thirds (64%) provide domestic or intimate partner violence counseling, and roughly one-third offer a suicide prevention hotline (31%) or anti-violence technical assistance, training, or support (31%).

Additionally, centers work to improve the overall wellbeing of their broader communities. For example, over half (53%) of LGBTQ centers have participated in a community health needs assessment, and more than two-thirds of centers offer cultural competency trainings for healthcare providers (67% of centers) and social service providers (66%), all in addition to the above programming and services.

To read more about how centers are impacted by and responding to COVID, see the “Adapting to COVID” section near the end of this report.
PHYSICAL AND MENTAL HEALTH SERVICES

**PHYSICAL HEALTH SERVICES**

- **49%** of all centers offer physical health services

**MENTAL HEALTH SERVICES**

- **67%** of all centers offer mental health services

**CLIENTS SERVED IN 2019**

- **950,000**
  - **▼ 5%** change from 2018

**OF CENTERS THAT OFFER PHYSICAL HEALTH SERVICES, PROGRAMS INCLUDE:**

- STI/HIV testing: 80%
- Tobacco prevention: 36%
- PrEP/PEP providers on site: 35%
- Hormone or transgender-specific medical services: 20%
- STI/HIV treatment: 19%
- Cancer education and prevention: 16%

**OF CENTERS THAT OFFER MENTAL HEALTH SERVICES, PROGRAMS INCLUDE:**

- Facilitated support group: 92%
- Online support group: 79%
- Individual counseling: 63%
- 12-step or other recovery program: 44%
- Psychiatric services: 12%
- Cancer-related support group: 6%

**OF CENTERS THAT OFFER ANTI-VIOLENCE SERVICES, PROGRAMS INCLUDE:**

- Anti-violence literature: 65%
- Intimate partner violence counseling: 64%
- General anti-violence programming: 55%
- Anti-violence technical assistance, training, or support: 31%
- Suicide prevention hotline: 31%
- Rapid incident response: 25%
- Anti-violence hotline: 15%

**SOME CENTERS DO NOT DIRECTLY PROVIDE HEALTH SERVICES, BUT THEY DO PROVIDE REFERRALS. INCLUDING REFERRALS, THE MAJORITY OF ALL CENTERS OFFER HEALTH SERVICES:**

- **70%** physical health
- **73%** mental health
- **58%** anti-violence
Using Collaborations to Expand Programs and Reach More People

**Shenandoah LGBTQ Center—Staunton, Virginia**

“When our LGBTQ center began, we had very limited resources available throughout the Shenandoah Valley, but we knew we needed to listen to the entire community to better understand the needs of LGBTQ individuals living here. Our largest groups in need were LGBTQ youth, transgender people, and parents of LGBTQ youth. We immediately identified another local non-profit, the ARROW PROJECT, that was providing mental health services and just getting off the ground. We partnered with them to offer bi-monthly peer-to-peer support groups that have served as a lifeline to those in our community. Our support groups are so well attended, they caught the eye of our local healthcare system, which invested in their expansion to the next town over, Waynesboro. The support groups, along with our potluck dinners (self-food-provided park picnics post-COVID), have allowed individuals otherwise alone and isolated to find loving and supportive community. It has made our community come together in a whole new way, and we are very proud of that.”

**PCSO Pride Center—Lexington, Kentucky**

“In 2019, we launched a food pantry and meal program in partnership with our local food bank, God’s Pantry, a member of Feeding America. God’s Pantry uses Feeding America’s Meal Connect program, where volunteers are used to pick up good food from area restaurants and stores that would be thrown away. In talking with the food bank employees, we mentioned that we had always run a small informal food pantry, keeping food around for our clients who showed up for meetings and were hungry or needed something to eat. They were very enthusiastic about working with us to expand this program. We signed up with them as a Meal Connect partner, picking up and accepting deliveries several times per week from pizza places, coffee shops, and grocery stores. Initially, we accepted only ready to eat or microwave foods that folks could eat at the Center. However, with the help of an intern we expanded the program, with written policies and procedures, to become a full pantry.

“Before the pandemic, we were able to allow clients to come in at times that were convenient to them to select foods they would use. In March, we had to streamline the process to ensure safety measures. We now have people pick up boxes of food in our parking lot, or we deliver to folks who cannot make it to the Center. Through people’s cash donations to the project, we have begun to be able to purchase food from the food bank in addition to foods we receive for free through Meal Connect. Because we are not using federally allocated foods, we don’t have to base participation on income limits, allowing us to meet needs of folks in a more flexible nature and to keep barriers to participation low. We knew there was a need in our community. When we first started the streamlined program in March, we were serving about 10 households per week. This week we served 36 households. We are confident we can meet an even greater need with more funding and have applied for several grants to support this program. Several community groups have begun participating in the program by donating food, including Nourish, a group created to employ chefs during the pandemic. They provide chef-made ready to eat or frozen meals for us every week. University of Kentucky Agricultural departments have also begun providing fresh produce that is not used in their programs.”

**Seacoast Outright—Portsmouth, New Hampshire**

“We serve LGBTQ youth, ages 11-21. However, our meetings are located in a small city situated in rural New Hampshire near Maine and northern Massachusetts. In order to better serve our LGBTQ youth, we partnered recently with Big Brother Big Sisters of New Hampshire. They have infrastructure throughout the state, staff capacity, and a development team. We have branding and expertise. With this program, we can reach hundreds of kids in rural areas who otherwise have no support and no access to any of our services.”
Community Education and Advocacy

LGBTQ community centers are integral in educating community members about LGBTQ people and in working to improve the lives of the people they serve. As shown on page 25, nearly all (94%) LGBTQ community centers engage in policy-related activities or advocacy geared toward improving the lives of the people they serve and their broader community. Additionally, 80% of centers participate in city or regional coalitions or working groups, such as a homelessness task force.

Four out of five (80%) of all LGBTQ centers work to advance policy at the local level, while 71% engage at the state level and 37% advocate at the national level.

The most frequent advocacy activities that centers take part in are educating the public about key issues impacting LGBTQ people (81% of all centers) and participating in coalitions or collaborations with goals that include public policy (63%). More than half (59%) of all centers engage in voter registration efforts, and 44% participate in get-out-the-vote drives.

When asked about barriers to engaging in public policy and advocacy, the top cited reasons by centers were lack of staff (77% of all centers said this was a barrier), lack of time (58%), and lack of funding (46%). Additionally, 46% of centers cited their 501(c)(3) tax exempt status as a barrier to advocacy, indicating a potential lack of full understanding about how centers can engage in public policy advocacy.

Computer Access and CyberCenters

As shown on page 26, over half of centers (56%) offer computer services or resources for the people they serve, and they serve over 6,000 people every month.

Of centers offering computer services to the public, more than three in four (77%) are big centers, and nearly two in five (38%) offer these resources through the David Bohnett CyberCenter Program.

The most frequent uses of computer resources by center clients are job searching, entertainment, and schoolwork. More than two in five (42%) centers with computer resources say they have seen increased demanded for these resources over the past two years (prior to COVID).

Among all responding centers, the main obstacles to centers being able to provide computer resources are the financial costs, the lack of physical space for the equipment itself, and the lack of staff time to oversee computer resources. Among centers that have computer services, the main obstacles to making the best use of existing computer resources are lack of staff or volunteers to oversee or manage the resources, followed by needed hardware upgrades (e.g., old equipment).
94% of all centers engage in public education and advocacy to influence public policy.

37% of all centers engage at the federal level.

71% of all centers engage at the state level.

80% of all centers engage at the local level.

(Note that some centers may engage at more than one level.)

More frequent activities for centers:
- Educate the general public about LGBTQ issues: 81%
- Participate in coalitions with the goal of changing public policy: 63%
- Voter registration: 59%
- Get-out-the-vote drives: 44%

Less frequent activities for centers:
- Place op-eds in local media: 29%
- Mobilize center clients to lobby lawmakers: 24%
- Center staff, board, or volunteers directly lobby lawmakers: 24%
- Organize lobbying days/visits with lawmakers: 20%
- Sponsor or host candidate debate forums: 18%
- Conduct online action program to connect clients with lawmakers: 16%
COMPUTER ACCESS & RESOURCES

**56%**
OF CENTERS OFFER COMPUTER RESOURCES

**6,000+**
PEOPLE SERVED PER MONTH

**KEY ACTIVITIES**
- Job searching
- Entertainment
- Schoolwork

**INCREASED DEMAND**
- **42%**
OF CENTERS WITH COMPUTER RESOURCES HAVE SEEN INCREASED DEMAND OVER THE PAST TWO YEARS
  (34% REPORT NO CHANGE)

**KEY COMPUTER-RELATED CHALLENGES FACED BY CENTERS**

MAIN OBSTACLES TO PROVIDING MORE COMPUTER RESOURCES
*Among all centers*
- Financial cost
- Lack of physical space for equipment
- Staff lacks time to oversee computer resources

MAIN OBSTACLES TO MAKING BEST USE OF CURRENT COMPUTER RESOURCES
*Among centers with computer resources*
- Lack of dedicated staff/volunteers to oversee computer resources
- Hardware upgrades (e.g., old equipment)
- Software upgrades

*Note: all findings on this page refer to computer usage and challenges prior to COVID.*
MAJOR CHALLENGES AND OPPORTUNITIES

Though highlighted throughout the report, centers identified several challenges in serving their communities.

• **Overall Challenges.** Centers were asked their top non-financial barrier as a center. The most frequently noted challenges were related to staffing, such as staff turnover, lack of staff capacity/time, or more specific expertise needed (e.g. in specific programming areas).

• **Government Grants.** Nearly half (47%) of all centers identified limited staff time to devote to grant writing as their number one barrier to applying for government grants, and 88% of all centers included limited staff time in their top three barriers.

• **Community Education and Advocacy.** When asked about barriers to engaging in public policy and advocacy, the top cited reasons by centers were lack of staff (77% of all centers said this was a barrier), lack of time (58%), and lack of funding (46%). Additionally, 46% of centers cited their 501(c)(3) tax exempt status as a barrier to advocacy, indicating a potential lack of full understanding about how centers can engage in public policy advocacy.

• **Computer Access.** When asked about their top computer-related challenges, centers participating in the David Bohnett CyberCenter program were most likely to identify the lack of a dedicated staff person or volunteer to manage or oversee computer resources as their biggest challenge. For non-Bohnett CyberCenter members, the most frequently cited challenges were the financial cost of computer resources, followed by a lack of physical space for them.

• **COVID.** The ongoing pandemic remains a tremendous challenge to LGBTQ community centers—financially, logistically, and in many more ways. For more discussion, see the following section on Adapting to COVID.

Centers also identified many opportunities and areas where they either already receive beneficial assistance and support, or would like to receive support.

• **Assistance Received.** LGBTQ community centers reported receiving technical assistance, substantive support, and more, from a variety of sources. These collaborations illustrate opportunities for continued improvement in and advocacy for LGBTQ equality and quality of life across the country. These partners and sources of assistance include:

  • **CenterLink.** Three-quarters (78%) of centers reported that they had received assistance in the past year from CenterLink, which seeks to increase the capacity and strength of LGBTQ community centers.

  • **HealthLink.** One in four (24%) centers have interacted in the past year with HealthLink, a program of CenterLink that works to enhance LGBTQ health by increasing knowledge and awareness and reducing health disparities within our communities.

  • **State and national LGBTQ organizations.** For example, one in four (24%) centers report they worked with their state LGBTQ equality group in the past year, and similarly 26% report they received assistance or support from MAP in the past year.

• **Opportunities for Growth.** Participating centers express consistent interest for support and training on many topics: half or more of all centers report they are “very interested” in receiving assistance on anti-racism and diversity, equity, and inclusion (58%); fundraising (54%); leadership development and support specifically for leaders of color (54%); board development (52%); and more.
ADAPTING TO COVID

The COVID global pandemic has shifted many aspects of life in the United States and around the world. For LGBTQ community centers, the impacts have been immediate and stark, but centers are adapting quickly and creatively.

Center Capacity

Center Facilities

At least one center permanently closed due to COVID, and at least two others permanently closed their physical space but continue to operate online. As one small center in California reported, “We had a physical location, but we gave it up because of COVID. It was a shared space. Moving online has allowed us to expand our programming outside the restricted calendar of the shared space. We are hoping to get a physical location that is only ours when this is over.”

Center Staff

At the time of the survey (July 2020), 74% of centers had not been forced to make any changes to the number of staff or staff hours as a result of COVID, and 89% had not made any changes to staff compensation or benefits. Additionally, some centers reported that they hired new staff to help manage expanded or COVID-responsive programming, or that they increased salary or gave bonuses to staff due to the added workload and strain.

Among those centers that were forced to lay off or furlough staff, some were able to hire back staff after receiving the federal Paycheck Protection Program loan or accessing emergency reserve funding. Other centers described decisions made collectively among staff and management, such as laying off staff so that they could qualify for unemployment or forgoing annual raises for all staff but keeping all staff employed. In many cases, however, centers described that some positions have been permanently dropped and that staff responsibilities were redistributed.

Among centers that made compensation changes due to COVID, many report focusing their cuts at the top, with the executive director’s salary, benefits, or planned raise reduced or eliminated entirely. In open-ended responses, very few centers reported actually reducing staff pay, and instead eliminated planned increases in salary and/or benefits.

As one center commented, “We have been determined not to add our staff to the ranks of the unemployed and uninsured.” Importantly, however, many centers noted that their successes thus far would be difficult to maintain, or that future changes were still a possibility, depending on the continuing impact of the pandemic.

Center Finances

In 2020 and prior to COVID, 38% of participating centers were small budget centers and 62% were large centers. Following the onset of the pandemic, many centers’ budgets were affected, with at least one center closing permanently and another eight centers (4% of participating centers) moving from big to small budget centers by the time of the survey (July 2020). As a result, 42% of centers are now small centers and 58% are large centers.

In another measure of the economic impact of the pandemic, centers’ expected 2020 budgets collectively decreased over $10 million, or 3% (pages 10-12). However, small centers have been hit particularly hard, with small center budgets collectively decreasing 14%, compared to 3% for large centers.

Government support in the wake of COVID has been critical for LGBTQ centers, with 82% of participating centers applying for Paycheck Protection Program loans totaling over $14 million. Many centers noted that continued government support moving forward will remain imperative to protect centers’ financial stability. However, given anticipated cuts in state revenues as a result of the pandemic and shifting government resources from broader public health efforts to COVID-related health costs, centers may experience reductions in state and local government grants in 2021.

At the time of the survey (July 2020), many centers still reported financial growth relative to 2019, though not as expansive as originally expected due to COVID and its continuing impacts. While small centers originally reported a 31% budget increase from 2019 to 2020, they now report an expected 14% increase from 2019 to 2020 (page 12). Large centers originally planned a 14% budget increase, and have since adjusted to a 10% increase. While this is still an expected increase relative to 2019, it nonetheless shows that COVID had—by July 2020—

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1 This center—the Rush Center in Atlanta, Georgia—did not participate in the survey as a result of their closure. They are not included in any other analyses in this report.

2 See previous footnote.
cut small centers’ planned growth by more than half, and large centers’ growth by more than one-quarter. As the pandemic continues and its economic impacts accumulate—particularly in the absence of government action, the economic impact of the pandemic on state and local governments, and the financial uncertainty facing millions of households across the country—centers may experience even further setbacks in core areas of revenue, including individual and corporate giving, government funding, and program income.

Programs & Services

Centers continue to serve thousands of people per week, including virtually. During the pandemic, centers report they are now serving an average of 45,700 clients per week, and 24,000 referrals per week. While this reflects a slight decrease in the overall number of clients served across all centers, the specific experience depends on center size: during COVID, small centers have actually seen a 34% increase in weekly clients, while big centers have seen a 24% decrease (page 17).

Centers have adapted quickly, substantially, and strategically to continue providing needed services and programs during COVID. In early 2020, roughly one in five (21%) participating centers had some kind of program or service available online. By July 2020, 94% of participating centers offered online programs. Additionally, 74% of centers that now offer online services plan to keep at least some of those online programs or services after the pandemic eventually ends.

The transition to virtual was and remains a challenge for many centers, though it has also expanded access in many cases. In open-ended responses, many centers reported working around the clock to transition programs and services online as quickly as possible, though many also said they struggled with engagement and attendance of virtual programming, particularly among youth. However, virtual programming has significantly expanded the reach of many centers and who can access their services: for example, as the Hudson Valley LGBTQ Community Center in Kingston, New York reported, “We’ve seen a 400% increase in our TRANSFORMATION group, a weekly group for those who are starting the process of transitioning, when we moved to a virtual platform. We believe that this avenue is more comfortable and safer for those transitioning, rather than walking into a LGBTQ Community Center.”

Additionally, many centers have expanded their basic needs programming, such as food pantries and providing direct cash assistance to community members. In fact, basic needs programming is the only area of (non-health) programming to have expanded since the pandemic began. For example, prior to COVID, only 19% of centers offered direct cash assistance to community members, but by July 2020, nearly one-third (32%) of centers were offering emergency cash assistance to community members—a nearly 70% increase in the number of centers with such a program. All other types of programming (social, arts and cultural, educational, and legal services) have seen a net decrease since the COVID outbreak, though the majority of centers still offer such programs (page 18).

In open-ended responses, many centers that provide health programs and services reported increased demand for health services since the onset of COVID. Some centers also reported that their health services were among the highest priorities during the transition to virtual programming, but that the transition to virtual health services has also meant a higher demand on staff time, as some group-based services have become more difficult to operate and staff have had to pivot to one-on-one service provision.

Major Challenges and Opportunities

The COVID pandemic has been and remains a tremendous challenge to LGBTQ community centers. Overall, 40% of centers say that their top priorities for 2020 changed because of the pandemic, with many centers putting strategic plans, major planned events, and more on hold in order to prioritize keeping current programs operating or the center’s financial survival. However, the remaining 60% of centers report that their top priorities remain the same, such as maintaining health and wellness programming or providing rapid relief to community needs.

While centers have adapted quickly and strategically throughout the pandemic thus far, many centers report that their continued survival and success will remain largely dependent on financial support and government action.

Small centers have been especially hard hit, with expected financial growth from 2019 to 2020 cut in half at the time of the survey. As the economic impacts of COVID continue to accumulate, it seems likely that these harms to centers will also continue to grow and that small centers will continue to be disproportionately impacted.
Centers Have Led the Way in Innovative, COVID-Responsive Programs

**Newark LGBTQ Community Center**—Newark, New Jersey

“The Center is working with a U.S. Senator and is planning on doing an educational campaign focused on COVID-19 clinical trials and the disparities of participation of people of color in clinical trials in general to get more information out to communities of color that are being disproportionately impacted by the pandemic. We are seeking a small grant and have not received any award notice at this time.”

**The LGBTQ Center of Durham**—Durham, North Carolina

“We have partnered with a temporarily closed black-owned dance studio to offer their classes virtually as sliding scale until they are able to get back online. We have hosted a series of black queer folk lore. We have created a queer cooking series to help people prepare for the at-home Stonewall Drag Brunch in June.”

**Oklahomans for Equality**—Tulsa, Oklahoma

“Early on in March, we made reusable masks and delivered them to over 500 older adults and those immunocompromised. We had a toilet paper drive for our older adults because the stores would run out and our older adults were afraid to go to more than one store hunting for supplies.”

**The Living Room**—Oregon City, Oregon

“We created care packages for youth—they were able to request anything they needed and had trouble accessing, and we fulfilled the request. This ranged from food, house supplies, affirming products, and protective equipment to prepaid visa cards. This was especially important in a mostly rural area for people without access to transportation or who were high risk.”

**Bradbury-Sullivan LGBT Community Center**—Allentown, Pennsylvania

“In response to COVID, we mobilized to provide virtual LGBT cultural programs to keep our community connected. One program we are especially proud of was our virtual Queer Novel Mini-Series. We produced a weekly live event the first four Mondays in June featuring authors of four highly anticipated and newly released queer novels. At a time of isolation, virtual cultural programs became increasingly important to maintain community connection and to uplift people experiencing loneliness. The weekly events were premiered live on the center’s Facebook and YouTube and channels and were each viewed by hundreds of community members. Another important component was that the participating authors were paid. At a time when writers and performers were all out of work, we knew it was important to pay these writers since their book tours were cancelled. Each writer received $250 honorarium.”

**Queer Connect**—North Bennington, Vermont

Based in rural Vermont, Queer Connect Inc has started a “Weekly Lesbian Story Hour,” featuring authors who read from their work as well as readings of classic lesbian literature. As the center reported, “We also held a very successful Pride Caravan that reached many people in the rural towns between Bennington and Rutland, VT. We will likely do this again, as it really met needs beyond what more traditional Pride parades offer.”
CONCLUSION

The 2020 LGBTQ Community Center Survey Report provides a snapshot of the landscape of LGBTQ community centers across the country, both before the COVID pandemic began and as its initial impacts unfolded. This report finds that centers serve tens of thousands of people every week, even during—and in some cases, even more people during—the COVID pandemic. Despite numerous obstacles—ranging from limited staffing and financial resources to the ongoing COVID pandemic and government inaction—centers are innovating, adapting, and doing as much as they can to meet the needs of their communities and constituents.

LGBTQ community centers are a vital part of local communities, offering programs and services tailored to diverse needs and populations and ranging from healthcare and basic needs programming to social, cultural, and educational services. Centers are active participants in local communities, including in policy advocacy, LGBTQ-inclusive trainings and public education, and engaging in coalitions and task forces to improve the lives of the people and broader communities these centers serve.

Given the critical role of LGBTQ community centers, CenterLink and MAP recommend that individuals, communities, funders and foundations, governments, and the LGBTQ movement prioritize giving these centers the additional support and assistance needed to grow and sustain their work—work that is needed now, during the COVID pandemic, more than ever. Specific recommendations include:

- **Building the financial capacity and stability of centers.** Many centers struggle with limited finances and instability, even prior to COVID. The economic impacts of the pandemic have been stark, immediate, and ongoing, and therefore centers need similarly immediate and sustained financial support to be able to survive. Given that centers provide vital services to LGBTQ people in communities around the country, and that many of the people that centers serve are low income or economically insecure, increasing structural (e.g., governmental, foundational) support to community centers should be a priority. Funding to allow centers to dedicate staff time to grant writing and/or training in grant writing, fundraising, and revenue diversification, will also be important for the financial stability of centers, especially as the COVID pandemic continues to unfold.

Importantly, this report shows a wide gap between the experiences and capacities of large and small centers, with small centers facing very basic challenges such as a lack of paid staff and extremely limited resources. Given that many of these small centers work in communities with few other LGBTQ organizations or resources (such as rural areas or red states), investing in small centers in particular is a targeted and focused way to improve the infrastructure and resources available to LGBTQ people across the country.

- **Continue to invest in racial equity and anti-racism work.** LGBTQ community centers increasingly report racial equity and racial justice as a central priority, both for staff and board and in public offerings or programming. However, while the majority of all center staff (61%) are people of color, only 40% of senior staff and even fewer board members (33%) are people of color. Only half (50%) of centers report they offer programming specifically tailored to LGBTQ people of color. Especially given that over half (56%) of centers report that the majority of people that they serve are people of color, investing in racial equity and anti-racism work is a clear priority for improvement for centers—and one where centers want to improve: for example, 87% of centers say they are somewhat or very interested in receiving anti-racism and diversity, equity, and inclusion training.

- **Continue to invest in staff and board development.** Center staff are critical to the ability of centers to offer high quality programming that meets the needs of the community. Centers report that staff turnover is a challenge, and particularly during the pandemic, supporting staff is critical. This report finds that 70% of centers offer health insurance to full-time staff (though only 11% offer to part-time staff), and there are other areas in which centers could expand offerings to staff. Additionally, board members play an important role in providing strategic direction, ensuring adequate resources, and exercising fiduciary oversight. Both expanding board diversity demographically and in terms of key skill areas, as well as continuing to conduct board trainings, are vital ways to ensure boards add value and can fulfill their responsibilities effectively.

- **Mobilize and expand the capacity of centers to engage in important public education and advocacy work.** Centers already play a vital role
in advancing public policy and understanding about LGBTQ people and issues, with 94% of all centers engaging in some kind of advocacy work. However, when asked about barriers to engaging in public policy and advocacy, the most frequently cited barrier was a lack of staff, with 77% of centers identifying this as a barrier to advocacy. Nearly six in 10 (58%) centers similarly identified a lack of time as a barrier to advocacy. While LGBTQ centers already accomplish a great deal of public education and advancing public policy—even in the face of these and other barriers—these findings highlight again the need for further funding and investment in centers, so they can expand their important and effective work in improving the lives of LGBTQ people and the communities they live in across the country.
APPENDIX A: SURVEY EVALUATION

Each time the survey is conducted, MAP and CenterLink solicit input and feedback from participating and nonparticipating centers. While the survey is only conducted every two years, feedback about the length of the survey suggests that there may be ways to streamline the survey itself and make it easier for centers to participate: only 60% of participating centers agreed that the length of the survey was reasonable. This feedback will be incorporated into the next iteration (2022) of the survey.

Despite this feedback about the length of the survey, virtually all participating centers agree or strongly agree that:

- The survey collects important information for the LGBTQ movement to know (99% of responding centers agree).
- The survey collects important information for LGBTQ funders and donors to know (97% agree).
- The information collected is important for the LGBTQ community center field to know (97% agree).
- The survey questions are relevant (95% agree).

APPENDIX B: DIRECTORY OF PARTICIPATING CENTERS

Alabama
- Magic City Acceptance Center
  Birmingham, AL
  www.magiccityacceptancecenter.org

- Montgomery PRIDE United/ Bayard Rustin Community Center
  Montgomery, AL
  www.montgomeryprideunited.org

- Prism United
  Mobile, AL
  www.prismunited.org

- Rainbow Mobile
  Mobile, AL
  www.rainbowmobile.org

Arizona
- All Yuma Center, Inc.
  Yuma, AZ
  www.allyumacenter.org

- One-n-ten Youth Center
  Phoenix, AZ
  www.onenten.org

- Thornhill Lopez Center on 4th
  Tucson, AZ
  www.saaf.org

Arkansas
- Northwest Arkansas Equality, Inc.
  Fayetteville, AR
  www.nwaequality.org

California
- Billy DeFrank LGBTQ+ Community Center
  San Jose, CA
  www.defrank.org

Cal Poly Pride Center
Grover Beach, CA
www.culture.calpoly.edu/pridecenter

Diversity Collective Ventura County
Ventura, CA
www.diversitycollective.org

Imperial Valley LGBT Resource Center
El Centro, CA
www.ivlgbtcenter.com

Latino Equality Alliance at Mi Centro
LGBTQ Community Center
Los Angeles, CA
www.latinoequalityalliance.org

LGBTQ Center OC
Santa Ana, CA
www.lgbtqcenteroc.org

LGBTQ Community Center of the Desert
Palm Springs, CA
www.thecentercv.org

LGBTQ Connection | Napa & Sonoma Counties
Napa, CA
www.lgbtqconnection.org
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<th>The Center on Colfax</th>
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<td>The Gala Pride and Diversity Center</td>
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APPENDIX B: DIRECTORY OF PARTICIPATING CENTERS

The Pride Center of Maryland
Baltimore, MD
www.pridecentermd.org

Massachusetts

BAGLY, Inc. (Boston Alliance of LGBTQ Youth)
Boston, MA
www.bagly.org

North Shore Alliance of Gay and Lesbian Youth
Salem, MA
www.nagly.org

OUT MetroWest
Framingham, MA
www.outmetrowest.org

South Coast LGBTQ+ Network
New Bedford, MA
www.sclgbtqnetwork.org

Michigan

Affirmations LGBTQ+ Community Center
Ferndale, MI
www.goaffirmations.org

Grand Rapids Pride Center
Grand Rapids, MI
www.grpride.org

OutCenter of Southwest Michigan
Benton Harbor, MI
www.outcenter.org

OutFront Kalamazoo
Kalamazoo, MI
www.outfront.org

Perceptions
Midland, MI
www.perceptionsmi.org

Ruth Ellis Center, Inc.
Highland Park, MI
www.ruthelliscenter.org

Stand with Trans
Farmington, MI
www.standwithtrans.org

Transgender Michigan
Ferndale, MI
www.transgendermichigan.org

Minnesota

Our Space
Minnesota
www.ourspacemn.com

Mississippi

Gulf Coast Equality Council
Gulfport, MS
www.gulfcoastequality.org

Nebraska

OutNebraska
Lincoln, NE
www.outnebraska.org

Nevada

Henderson Equality Center
Henderson, NV
www.hendersonequalitycenter.org

The LGBTQ Community Center of Southern Nevada
Las Vegas, NV
www.thecenterlv.org

New Hampshire

Seacoast Outright
Portsmouth, NH
www.seacoastoutright.org

New Jersey

EDGE Pride Center
Morris Plains, NJ
www.edgepridecenter.org

Newark LGBTQ Community Center
Newark, NJ
www.newarklgbtqcenter.org

New Mexico

The Human Rights Alliance Santa Fe
Santa Fe, NM
www.hrasantafe.org

Transgender Resource Center of New Mexico
Albuquerque, NM
www.tgrcmnm.org

New York

Brooklyn Community Pride Center
Brooklyn, NY
www.lgbtbrooklyn.org

Generation Q & Queens Center for Gay Seniors
Forest Hills & Jackson Heights, NY
www.qchnyc.org/programs/lgbtq-services
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<td>The LOFT LGBT Center</td>
<td>White Plains, NY</td>
<td><a href="http://www.loftgaycenter.org">www.loftgaycenter.org</a></td>
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<td></td>
<td>transnewyork</td>
<td>Oakland Gardens, NY</td>
<td><a href="http://www.transnewyork.org">www.transnewyork.org</a></td>
</tr>
<tr>
<td>North Carolina</td>
<td>Blue Ridge Pride Center</td>
<td>Asheville, NC</td>
<td><a href="http://www.blueridgepride.org">www.blueridgepride.org</a></td>
</tr>
<tr>
<td></td>
<td>Guilford Green Foundation &amp; LGBTQ Center</td>
<td>Greensboro, NC</td>
<td><a href="http://www.guilfordgreenfoundation.org">www.guilfordgreenfoundation.org</a></td>
</tr>
<tr>
<td></td>
<td>LGBT Center of Raleigh</td>
<td>Raleigh, NC</td>
<td><a href="http://www.lgbtcenterofraleigh.com">www.lgbtcenterofraleigh.com</a></td>
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<tr>
<td></td>
<td>OUTright Youth of Catawba Valley</td>
<td>Hickory, NC</td>
<td><a href="http://www.outrightyouthcv.org">www.outrightyouthcv.org</a></td>
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<tr>
<td></td>
<td>The LGBTQ Center of Durham</td>
<td>Durham, NC</td>
<td><a href="http://www.lgbtqcenterofdurham.org">www.lgbtqcenterofdurham.org</a></td>
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<td></td>
<td>Time Out Youth</td>
<td>Charlotte, NC</td>
<td><a href="http://www.timeoutyouth.org">www.timeoutyouth.org</a></td>
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<td></td>
<td>Youth OUTright WNC Inc</td>
<td>Asheville, NC</td>
<td><a href="http://www.youthoutright.org">www.youthoutright.org</a></td>
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<td></td>
<td>Colors+</td>
<td>Fairview Park, OH</td>
<td><a href="http://www.colorsplus.org">www.colorsplus.org</a></td>
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<td></td>
<td>Greater Dayton LGBT Center</td>
<td>Dayton, OH</td>
<td><a href="http://www.daytonlgbtcenter.org">www.daytonlgbtcenter.org</a></td>
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<td></td>
<td>Have A Gay Day Community Center</td>
<td>Moraine, OH</td>
<td><a href="http://www.haveagayday.org">www.haveagayday.org</a></td>
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<td></td>
<td>Kaleidoscope Youth Center</td>
<td>Columbus, OH</td>
<td><a href="http://www.kycohio.org">www.kycohio.org</a></td>
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<td></td>
<td>LGBT Community Center of Greater Cleveland</td>
<td>Cleveland, OH</td>
<td><a href="http://www.lgbtcleveland.org">www.lgbtcleveland.org</a></td>
</tr>
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<td></td>
<td>LGBTQ+ Allies Lake County</td>
<td>Painesville, OH</td>
<td><a href="http://www.lgbtlakecounty.com">www.lgbtlakecounty.com</a></td>
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<td></td>
<td>Stonewall Columbus</td>
<td>Columbus, OH</td>
<td><a href="http://www.stonewallcolumbus.org">www.stonewallcolumbus.org</a></td>
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<td>Oklahoma</td>
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<td></td>
<td>Oklahomans for Equality</td>
<td>Tulsa, OK</td>
<td><a href="http://www.okeq.org">www.okeq.org</a></td>
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<td>Oregon</td>
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<td></td>
<td>Q Center</td>
<td>Portland, OR</td>
<td><a href="http://www.pdxqcenter.org">www.pdxqcenter.org</a></td>
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<td></td>
<td>The Living Room</td>
<td>Oregon City, OR</td>
<td><a href="http://www.thelivingroomyouth.org">www.thelivingroomyouth.org</a></td>
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<td>Pennsylvania</td>
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<td></td>
<td>Attic Youth Center</td>
<td>Philadelphia, PA</td>
<td><a href="http://www.atticyouthcenter.org">www.atticyouthcenter.org</a></td>
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</tbody>
</table>
APPENDIX B: DIRECTORY OF PARTICIPATING CENTERS

Bradbury-Sullivan LGBT Community Center
Allentown, PA
www.bradburysullivancenter.org

Centre LGBTQA Support Network
State College, PA
www.centrelgbtqa.org

Eastern PA Trans Equity Project
Orefield, PA
www.patransequity.org

LGBT Center of Central PA
Harrisburg, PA
www.centralpalgbtcenter.org

LGBT Equality Alliance of Chester County
Phoenixville, PA
www-lgbtteachesco.org

Persad Center
Pittsburgh, PA
www.persadcenter.org

Proud Haven
Pittsburgh, PA
www.proudhaven.org

SAGA Community Center
Hatboro, PA
www.sagahatboro.com

The Lancaster LGBTQ+ Coalition
Lancaster, PA
www.lgbtlancaster.org

The LGBT Center of Greater Reading
Reading, PA
www.lgbtcenterofreading.com

TriVersity Center for Gender and Sexual Diversity
Milford, PA
www.triversitycenter.org

Washington County Gay Straight Alliance, Inc.
Washington, PA
www.wcgusa.org

William Way LGBT Community Center
Philadelphia, PA
www.waygay.org

Puerto Rico
Centro Comunitario LGBT+ Para El Adulto Mayor Puerto Rico
San Juan, PR
www.wavesahead.org

Centro Comunitario LGBTT de Puerto Rico
San Juan, PR
www.centrolgbttpr.org

Rhode Island
Youth Pride, Inc.
Providence, RI
www.youthprideri.org

South Dakota
Black Hills Center For Equality
Rapid City, SD
www.bhcfe.org

Tennessee
Middle Tennessee Pride Center
Nashville, TN
www.nashvillepride.org/cvp

OUTMemphis: The LGBTQ+ Center for the Mid-South
Memphis, TN
www.outmemphis.org

Texas
Coastal Bend Pride Center
Corpus Christi, TX
www.cbpridecenter.com

Out Youth
Austin, TX
www.outyouth.org

Pride Center West Texas
Odessa, TX
www.pridecenterwt.org

Pride Community Center, Inc.
College Station, TX
www.pridecc.org

Resource Center
Dallas, TX
www.myresourcecenter.org

The Center - Pride Center San Antonio
San Antonio, TX
www.pridecentersa.org

The Montrose Center
Houston, TX
www.montrosecenter.org

South Carolina
Harriet Hancock LGBT Center
Columbia, SC
www-lgbtcentersc.org

Uplift LGBTQ+ Youth Outreach Center
Spartanburg, SC
www.upliftoutreachcenter.org

We Are Family
North Charleston, SC
www.waf.org
Utah
Utah Pride Center
Salt Lake City, UT
www.utahpridecenter.org

Vermont
Out in the Open
Brattleboro, VT
www.weareoutintheopen.org

Outright Vermont
Burlington, VT
www.outrightvt.org

Pride Center of Vermont
Burlington, VT
www.pridecentervt.org

Queer Connect, Inc.
North Bennington, VT
www.queerconnectbennington.com

Virginia
Diversity Richmond
Richmond, VA
www.diversityrichmond.org

LGBT Life Center
Norfolk, VA
www.lgbtlifecenter.org

Shenandoah LGBTQ Center
Staunton, VA
www.shenlgbtqcenter.org

Side by Side VA, Inc.
Richmond, VA
www.sidebysideva.org

Us Giving Richmond Connections
Richmond, VA
www.ugrcrva.org

Washington
Gay City: Seattle's LGBTQ Center
Seattle, WA
www.gaycity.org

Lambert House LGBTQ Youth Center
Seattle, WA
www.lamberthouse.org

Pizza Klatch
Olympia, WA
www.pizzaklatch.org

Rainbow Center
Tacoma, WA
www.rainbowcntr.org

West Virginia
Ohio Valley Pride
Wheeling, WV
www.ohiovalleypride.org

Wisconsin
LGBT Center of SE Wisconsin
Racine, WI
www.lgbtsewi.org

OutReach, Inc.
Madison, WI
www.lgbtoutreach.org

The Center: 7 Rivers LGBTQ Connection
La Crosse, WI
www.7riverslgbtq.org

The Milwaukee LGBT Community Center
Milwaukee, WI
www.mkelgbt.org

Wyoming
Casper Virtual Center
Casper, WY
www.casperpride.org