Strategic Grant - Project Support_v2

General Information

General Organizational Information

IMPORTANT: For uploading documents as attachments within the application – The recommended format for documents is pdfs. However, we will accept Excel and Word documents. TIF or JPEG or PNG formats will NOT be accepted.

IMPORTANT: If your organization does not have its own Tax Exempt Certificate (Determination Letter) and another organization is applying on your behalf as the Fiscal Sponsor, you must contact the Foundation for prior approval to apply.

If another organization is applying on your behalf as a fiscal sponsor, what **ZSR staff member gave prior approval for the fiscal sponsorship**?
If approval was given:
• You must apply as a PROJECT of that organization and complete a "**Project Support**" application.
• You must provide that organization's Tax Exempt Certificate.
• If a grant is awarded, that organization is responsible for the administration of the grant and for any reporting requirements needed.

James Gore

Name of Organization
Exactly as it appears on your federal tax-exemption certification under Section 501(c)(3) of the IRS Code.

XYZ Corp

Federal Tax ID Number
Format: 99-9999999

111111111

Tax Exempt Certification
The Foundation must receive a copy of the petitioning organization's federal tax-exempt certification under Section 501(c)(3) of the Internal Revenue Code that includes a determination as to the organization's status as a publicly-supported organization. If you do not yet have your 501(c)(3) status, please upload a document that states when your organization applied to the IRS and, if possible, documentation from the IRS stating your application is under consideration.
ZSR 501c3.pdf

State Listed on IRS Letter
From your federal tax-exempt certification (IRS Determination Letter), please select the **state listed in your address portion** of the letter. *NOTE: Do not list the state from the address of the IRS or Department of the Treasury.)*

North Carolina

Date of Incorporation
Format: 99/99/9999

1/1/1936

Select your foundation status under the Internal Revenue Code Section 509. All 501(c)(3) organizations are categorized into one of four types of public charities under IRS Section 509. The 509 status can be found on your IRS determination letter. For further explanation of what a 509(a) status is, see the Internal Revenue Service website under **Public Charities** (http://www.irs.gov /publications/p557/ch03.html#en_US_2011_publink1000200126).
509(a)(1)

If your organization is a section 509(a)(3) supporting organization, select the type.

Organization's Office Mailing Address
123 Anywhere Street

City	State	Zip Code
Winston Salem	NC	27101

County in which your **organization's primary headquarters** is located. (If your primary headquarters is not located in North Carolina, select "Outside North Carolina".
FORSYTH

Website
www.xyz.org

Telephone
Format: 999-999-9999

336-123-4567

Fax
Format: 999-999-9999

ORGANIZATION'S PRIMARY CONTACT: Provide information for the chief executive of the organization. (aka executive director)

Prefix	First Name	Middle Name	Last Name	Suffix
Miss	Jane		Doe	< None>

Title
Executive

Address
123 Anywhere Street

City	State	Zip Code
Winston Salem	NC	27101

Phone	Extension	Cell Phone
Format: 999-999-9999	1234	Format: 999-999-9999
336-987-6543		336-987-6543

Office Fax	E-mail
Format: 999-999-9999	jane@xyz.org
336-9876533	

Race/Ethnicity
Asian/Asian American

General Request Information

PRIMARY CONTACT FOR THIS REQUEST: Please provide the following information for the person to whom all communication regarding this application should be directed.

Prefix	First Name	Middle Name	Last Name	Suffix
Mr.	John		Doe	<None>

Title
Grant Manager

Primary Contact's Office Mailing Address
538 Toms Grove Lane

Office City	Office State	Office Zip Code
Newton	NC	28647

Telephone
Format: 999-999-9999
252-123-4567

Cell Phone
Format: 999-999-9999
252-654-3214

Office Fax
Format: 999-999-9999

E-mail
john@xyz.org

NORTH CAROLINA PRIMARY OFFICE INFORMATION

If your organization does not have an NC office, under "County", select "OUTSIDE NORTH CAROLINA".

County Work Location
ALLEGHANY

Physical Street Address
780 Main Street

City	State	Zip Code
Sparta	NC	28571

Application Information

Which of the following best describes the focus of your proposal?
(Note: It is not necessary to contact the Foundation with questions regarding this field; simply select the best fit. This information will not negatively affect your grant request.)

Miscellaneous

Please enter a short project title.
Working with Trees Project

Organization's Fiscal Year End Date
Format: 99/99/9999
12/31/2015

Please briefly describe the project for which you are requesting funds.
TEST TEST TEST

Period for which funds are requested:

Length of Grant:
18 Months

Start Date
11/29/2015

Please state the requested amount per year for each year.

If you entered 12 months in "Length of Grant" above, enter amount requested in Year 1 box, 0 in Year 2 box and 0 in Year 3 box. Then "Enter the total amount being requested."

If you entered 18 or 24 months in Length of Grant above, enter amount requested in Year 1 box, enter amount requested in Year 2 box, and 0 in Year 3 box. Then in "Enter the total amount being requested" indicate the amount being requested in both years.

If you entered 30 or 36 months in Length of Grant above, enter amount requested in Year 1 box, enter amount requested in Year 2 box, and enter amount requested in Year 3 box. Then in "Enter the total amount being requested" indicate the amount being requested in all three years.

Year 1
Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.
75000

Year 2
Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.
Please enter "0" if you are not requesting funding in Year 2.
37500

Year 3
Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.
Please enter "0" if you are not requesting funding in Year 3.
0

Enter the total amount being requested
The total amount requested must equal to the funding requested in Year 1 + Year 2 + Year 3. Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.

112500

Geographic area in which work will take place
MULTI-COUNTY

Please select the county or counties in which your organization will work
ALLEGHANY
    ASHE
      WATAUGA

Staff Information: Please enter a number between 0 and 9,999.

Part-time	Full-time	**Total:**
2	1	3.00

Gender

Male	Female	Other	**Total:**
1	1	1	3

Race/Ethnicity
Do not use decimals. Put 0 if not applicable.

White/Caucasian (Non Latino/Hispanic)	Black/African American (Non Latino/Hispanic)	Latino/Hispanic
1	0	1

American Indian or Alaska Native	Asian/Asian American	Multi-Racial	Other Race/Ethnicity	**Total:**
0	0	0	1	3

Board Information: Please enter a number between 0 and 9,999.

Gender

Males	Females	Other	**Total:**
4	2	1	7

Race/Ethnicity
Do not use decimals. Put 0 if not applicable.

White/Caucasian (Non Latino/Hispanic)	Black/African American (Non Latino/Hispanic)	Latino/Hispanic
2	2	1

American Indian or Alaska Native	Asian/Asian American	Multi-Racial	Other Race/Ethnicity	**Total:**
1	0	1	0	7

What is the demographic composition of the geographic area in which the work for which you seek funds will be performed? (If the work is happening in more than one city or county in NC, please average the numbers.) (Note: As a source, ZSR recommends U.S. Census Quickfacts)

Please enter the percentage as a numerical value (Whole numbers between 0 to 100) of each race or ethnic group listed below so that the total equals 100 percent. Maximum of 3 digits (0-100) and do not use decimals. Put 0 if not applicable.

White/Caucasian (Non Latino/Hispanic)	Black/African American	Latino/Hispanic
68	12	5

American Indian or Alaska Native	Asian/Asian American	Multi-Racial	Other Race/Ethnicity	**Total:**
14	1	0	0	Must total to 100 100%

If the racial and/or gender make up of your organization's Board is not representative of the demographics in the area served, please explain if and how the organization plans to address this circumstance.
(If not applicable, please enter N/A)

TEST TEST TEST

Board Information

Please upload one document that contains the following information:
1. Name of each board member;
2. City and State of Residence of each board member;
3. Occupation of each board member;
4. Email address of each board member;
Grantees Acceptance Form -May 2013 cycle 6 5 13 FINAL.docx

Board Information - Selection of Members

Please upload one document that contains the following information:
5. Brief explanation of how board members are selected.
Grant Award Notification Nov 2013 Final 12.4.13.docx

Equity and Inclusion

The Foundation actively seeks to promote access, equity, and inclusion and to discourage discrimination based on race, ethnicity, gender, age, sexual orientation, socio-economic status, and other factors that deny the essential humanity of all people.

Please list some specific examples of how you have demonstrated this value in the past three years.
TEST TEST TEST

The Z. Smith Reynolds Foundation is changing the time for submission of the online grant application to 12:00 pm on August 3, 2015. I acknowledge the change of time of submission.
Yes

Organization Information

Organization Mission

Please state your organization's mission.
TEST TEST TEST

Please briefly describe the work of your organization, including the core programs that support your mission.
TEST TEST TEST

Prior Achievements

Please list your organization's top three results achieved in the past three years and explain how they have helped to advance your mission.
TEST TEST TEST

Lessons Learned

What are the significant lesson(s) learned from your work in the past three years and what are you doing differently as a result of your learning(s) that enables you to achieve greater results?
TEST TEST TEST

Goals Results and Indicators of Success

Problem Statement

What community or public need(s) will your project address during this grant period?
Please include relevant data showing the scale of the problem you seek to address.

TEST TEST TEST

Long Term Results

Describe up to four long-term results that your organization seeks to achieve through this project? How long will it take you to achieve these results?
TEST TEST TEST

Short Term Results

For each long-term result listed above, please describe the short-term result(s) that your organization will achieve during the grant period.
TEST TEST TEST

Methods and Strategies

What methods or strategies will your organization employ to achieve, or make progress towards achieving, the long-term results listed above?
TEST TEST TEST

Indicators of Success

As a tool with which to assess whether you are making progress, please list the indicators that you plan to track for each of your short-term results during the grant period.
TEST TEST TEST

Collaboration

For each short-term result, name any partners with whom you will collaborate and describe their contribution.
TEST TEST TEST

Barriers to Success

Assuming you receive the necessary financial resources, what are the external obstacles that might prevent you from achieving your anticipated results and what are your plans to address them?
TEST TEST TEST

Organizational Development and Context

Organization Context and Role

Please name other organizations in North Carolina that work in your field.
TEST TEST TEST

What is the role your organization plays relative to the roles played by other organizations working within your field?
TEST TEST TEST

Challenges

Please list the significant internal challenges facing your organization, staff and/or board and what your plan is to address them.
TEST TEST TEST

Priorities

How will the project change if a grant awarded is for an amount less than requested?

TEST TEST TEST

Additional Information

Is there anything else you would like the Foundation to know about your organization or project?
TEST TEST TEST

Financial Information

Income Sources

Please list the five largest sources of income for your project in the past two years. Include any government contracts as well as grants and contributions. For each source, please provide a) name of source, b) the total amount received over two years, c) if more than one grant was received from a source, the amount of each award, and the purpose of each award (e.g. general operating, program area project, etc.)

1. Source (Person, Foundation, Agency)   Amount   Purpose
123 Hotspot Corp   65000   Tree transplanting

2.
Forestry Disease Prevention   5000   Prevention of Tree Diseases

3.

4.

5.

Potential Funding

What funds from other sources (whether other foundations, other donors or internal sources) have been received or are under consideration for the project for the same time period as this grant request?

1. Source   Amount   Status   Decision Expected
Mr. Tom Bark   5000   Highly likely   09/01/2015

2.
Bank of Red River   10000   Somewhat likely   12/31/2015

3.

     Committed

4.

     Committed

Actual Income and Expenses

List the total actual operating income and expenses of your organization for the last three completed fiscal years as shown on IRS Form 990 (with year 1 being the most recent year). If the 990 is not yet available for the most recently completed fiscal year, list the un-audited final income and expenditures and indicate that numbers are un-audited.

Year 1 - Most Recent Year

Fiscal Year End Date	Were the amounts for year 1 audited?
12/31/2014	No

Income Amount	Expenses Amount	Differe...
Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.	Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.	in inco... and expen...
78000	81000	-3000

Year 2

Fiscal Year End Date	Were the amounts for year 2 audited?
12/31/2013	Yes

Income Amount	Expenses Amount	Differe...
Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.	Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.	in inco... and expen...
101257	98567	2690

Year 3

Fiscal Year End Date	Were the amounts for year 3 audited?
12/31/2012	No

Income Amount	Expenses Amount	Differe...
Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.	Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.	in inco... and expen...
118045	119150	-1105

Deficit/Surplus Information

Please explain below if your organization has ended any of the past three fiscal years with an operating deficit or a significant surplus.
(If not applicable, please enter N/A)

TEST TEST TEST

Operating Reserve

Does the organization currently have an operating reserve?
No

If so, what is its amount?   How many months of operating support does that amount represent?

Endowment Information

Does the organization have an endowment or other funds not included in your annual budget?
No

If so, what is the current balance of those funds?

Please note any restrictions that apply to the funds.
TEST TEST TEST

Sustainability

Upon completion of this grant, if awarded, do you intend to return to the Z. Smith Reynolds Foundation for continued funding?
yes

If yes, for approximately how many years?
2

How do you plan to sustain your project at the end of the grant period, if a grant is awarded?
In addition to describing strategies for attracting new contributions, include in your answer any future funders, alternative sources of earned income and any ways you might reduce costs.

TEST TEST TEST

Budget Information

In completing the following sections, an example of a budget has been provided as a guide. Click HERE to view.

IMPORTANT: For uploading documents as attachments within the application – The recommended format for documents is pdfs. However, we will accept Excel and Word documents. TIF or JPEG or PNG formats will NOT be accepted.

Budget Information: Balance Sheets and Income Statements

For the Budget - Balance Sheets and Income Statements only, please upload a **single** document with items a-d below. If your organization does not have one of these pieces of information, note that in the document.

- a. If your organization's finances have been professionally audited in the past three years, please upload your most recently audited financial statements (Balance Sheet and Income Statement, NOT the entire audit)
- b. If you received any Management Letters or audit exceptions prepared by the auditor, please upload a copy of the opinion letter(s) as well as the responses
- c. Prior fiscal year's Income Statement (also known as "Statement of Activities") if management prepared, but not yet audited.
- d. Balance Sheet (also known as "Statement of Financial Position") as of the last day of the prior fiscal year if management prepared, but not yet audited.

Please refer to our website at http://zsr.org/sample-budgets on the format of the Balance Sheet and Income Statement.

Please do not upload the entire audit or your 990 return.

Budget - Balance Sheets and Income Statements
(Not the entire audit)

BUDGET EXAMPLES Balance Sheet and Income Statement 12.6.13.pdf

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FOR THE REQUIRED BUDGET ATTACHMENTS:

For a guide to help you determine what year is needed for each budget required below, please refer to the table (in yellow).

Note: If you are requesting 18 months or 24 months of funding, for the Next Year Budget, you need to include NEXT YEAR ONE BUDGET AND NEXT YEAR TWO BUDGET.
Note: If you are requesting 30 months or 36 months of funding, for the Next Year Budget, you need to include NEXT YEAR ONE BUDGET, NEXT YEAR TWO BUDGET, AND NEXT YEAR THREE BUDGET.
Note: If you are requesting 18 months or 24 months of funding, for the Project Budget, you need to include a PROJECT BUDGET YEAR ONE AND a PROJECT BUDGET YEAR TWO.
Note: If you are requesting 30 months or 36 months of funding, for the Project Budget, you need to include PROJECT BUDGET YEAR ONE, PROJECT BUDGET YEAR TWO, AND PROJECT BUDGET YEAR THREE.

BUDGET	CALENDAR YEAR	FISCAL YEAR (ENDING IN JUNE)	FISCAL YEAR (ENDING IN SEPTEMBER)
PRIOR YEAR BUDGET and actual revenues & expenses	2014	7/1/14-6/30/15	10/1/13-9/30/14
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CURRENT YEAR BUDGET with year-to date actual revenues & expenses	2015	7/1/15-6/30/16	10/1/14-9/30/15

| ---------- | ----------- | ----------- | ----------- |
| **NEXT YEAR 1 BUDGET** | **2016** | **7/ 1/ 16-6/ 30/ 17** | **10/ 1/ 15-9/ 30/ 16** |
| **NEXT YEAR 2 BUDGET** | **2017** | **7/ 1/ 17-6/ 30/ 18** | **10/ 1/ 16-9/ 30/ 17** |
NEXT YEAR 3 BUDGET	**2018**	**7/ 1/ 18-6/ 30/ 19**	**10/ 1/ 17-9/ 30/ 18**
PROJECT YEAR 1 BUDGET	**12/ 1/ 2015-11 / 30/ 2016 or 2016**	**7/ 1/ 16-6/ 30/ 17**	**12/ 1/ 15-11/ 30/ 16**
PROJECT YEAR 2 BUDGET	**12/ 1/ 2016-11 / 30/ 2017 or 2017**	**7/ 1/ 17-6/ 30/ 18**	**12/ 1/ 16-11/ 30/ 17**
PROJECT YEAR 3 BUDGET	**12/ 1/ 2017-11 / 30/ 2018 or 2018**	**7/ 1/ 18-6/ 30/ 19**	**12/ 1/ 17-11/ 30/ 18**

Budget Information: **Prior** Year

Please refer to our website at http:/ / zsr.org/ sample-budgets on the format of the Prior Year's budget.

Budget - Prior Year

We need the Prior Year's Budget (either fiscal or calendar year– depending on your organization's year-ending date) and **in a single document, it must include the following**:

• Amount budgeted for the prior year by line item.
• Actual revenues received by line item.
• Actual expenses paid by line item.
• If your organization is an out-of-state organization, we need the NC prior year's budget.
• If an organization is applying on your behalf as the fiscal sponsor, we need their prior year's budget in addition to your prior year's budget.
BUDGET EXAMPLES Prior Year Budget 12_VER_1.PDF

Budget Information: **Current** Year

Please refer to our website at http:/ / zsr.org/ sample-budgets on the format of the Current Year's budget.

Budget - Current Year

We need the Current Year's Approved Budget (either fiscal or calendar year– depending on your organization's year-ending date) and **in single document, it must include the following**:

• Amount budgeted for the current year by line item.
• Actual year-to-date revenues received by line item. (If an organization is less than three months into its budget year at the application deadline, the year-to-date actual revenues can be omitted.)
• Actual year-to-date expenses paid by line item. (If an organization is less than three months into its budget year at the application deadline, the year-to-date actual expenses can be omitted.)
• If your organization is an out-of-state organization, we need the approved NC current year's budget.
• If an organization is applying on your behalf as the fiscal sponsor, we need their current year's budget in addition to your current year's budget.
BUDGET EXAMPLES Current Year Budget 12.6.13.pdf

Budget Information: **Next** Year

Please refer to our website at http://zsr.org/sample-budgets on the format of the Next Year's budget. In the General Information section of the application, if you list a grant length of more than 12 months, you must include a budget for each year funds being requested.

Budget - Next Year

We need the Next Year's Budget (either fiscal or calendar year– depending on your organization's year-ending date) and **it must include the following**:

• If an approved budget is not available for that period, include a draft for each year requested.
• In the General Information section of this application, if you selected 12 months in Length of Grant, we need a budget for just NEXT YEAR ONE.
• In the General Information section of this application, if you selected 18 or 24 months in Length of Grant, we need a budget for NEXT YEAR ONE and NEXT YEAR TWO (uploaded separately). (Please refer to the chart above in yellow.)
• In the General Information section of this application, if you selected 30 or 36 months in Length of Grant, we need a budget for NEXT YEAR ONE, NEXT YEAR TWO, and NEXT YEAR THREE (uploaded separately). (Please refer to the chart above in yellow.)
• If the Length of Grant covers 6 months into another year, include that budget for the entire year.
• Revenues budgeted by line item.
• Expenses budgeted by line item.
• If your organization is an out-of-state organization, we need the NC next year's budget or years' budgets.

Budget - Next Year One
BUDGET EXAMPLES Next Year Budget 12.6.13.pdf

Budget - Next Year Two
BUDGET EXAMPLES Next Year Budget 12_VER_1.PDF

Budget - Next Year Three

Budget Information: Project Budget

Please refer back to the General Information section of the application for the Length of Grant and Start Date. The project budget should cover the period listed there.

IF YOU ARE REQUESTING ONE YEAR OF FUNDING: In a separate column(s) within the project budget, list each line item of what the ZSR grant funds would cover.
IF YOU ARE REQUESTING MORE THAN ONE YEAR OF FUNDING: For the Project Budget Year One and Project Budget Year Two (and Project Budget Year Three) - In a separate

column(s) within each of the project budgets, list each line item of what the ZSR grant funds would cover and <u>upload each year's project budget separately</u>.

Please refer to our website at **http://zsr.org/sample-budgets** on the format of the project budget.

Budget - Project Budget

We need the Project Budget(s) and **must include the following**:

• In the General Information section of this application, if you selected <u>12 months in Length of Grant</u>, we need a budget for PROJECT BUDGET YEAR ONE.
• In the General Information section of this application, if you selected <u>18 or 24 months in Length of Grant</u>, we need a budget for PROJECT BUDGET YEAR ONE and PROJECT BUDGET YEAR TWO <u>(uploaded separately)</u>. (Please refer to the chart above in yellow.)
• In the General Information section of this application, if you selected <u>30 or 36 months in Length of Grant</u>, we need a budget for PROJECT BUDGET YEAR ONE, PROJECT BUDGET YEAR TWO, and PROJECT BUDGET YEAR THREE <u>(uploaded separately)</u>. (Please refer to the chart above in yellow.)
• Revenues budgeted by line item.
• Expenses budgeted by line item.
• In a separate column for each year of the project budget, <u>list the following</u>:

  1. Revenue - Amount requested from ZSR.
  2. Expenses - Each line item that ZSR's grant would cover.
  3. From the General Information section of this application, the amount requested in each year must be the same as listed in ZSR's total amount in each year of the project budget.

Budget – Project Budget Year One
BUDGET EXAMPLES Project Budget 12.6.13.pdf

Budget – Project Budget Year Two
BUDGET EXAMPLES Project Budget 12_VER_1.PDF

Budget – Project Budget Year Three

Final Attachment

Final Attachment
The Final Attachment is a copy of your completed application. Please follow the instructions listed below. Then upload the "Final Attachment" (copy of your completed application) in the space provided. To see an example of a Final Attachment, click **HERE**. To see step-by-step instructions on how to create the Final Attachment, click **HERE**. 1. Click the Review button at the bottom of the page. 2. Review your application and correct any errors that display in red. 3. Click Update. 4. Click the link to "View Printer Friendly Version" that is displayed in the top right portion of the page. 5. On the File menu, select "Save As" (or Control S on your keyboard), then select the location to save the document. 6. Name your document. 7. Then for "Save as type:" save your application as Save as Type = Webpage, HTML only (*.htm;*.html). If your saved copy does not look like the example on our website, please resave by following the instructions above. 8. Close the "Printer Friendly Version".

9. Upload the "Final Attachment" document in the space provided below.
10. Click Update.
11. Click Submit. Immediately after clicking the submit button, you will receive an email stating your application was submitted. If you do not receive an email, check your spam or junk email folder. If you still did not receive an email stating you submitted your application, log back into your online account. If the application is in the "Pending" section, you did not submit the application. Open the application and click "Submit".

Refer to our website at "Review How to create final attachments" for detailed, step-by-step instructions on how to create the final attachment (copy of application). or contact the Foundation at 800-443-8319 for more assistance.

Final Attachment