SAMPLE APPLICATION PDF - Strategic Project for Colleges and Universities, Governmental Units, Religious Entities

IMPORTANT INFORMATION BEFORE BEGINNING YOUR APPLICATION

- Once you have submitted your application, you will receive an email confirmation from gloriap@zsr.org indicating your recent submission.
 - a. When your online account was created for your organization, make sure that the email address is a valid email address without spam blockers or bulk mail filter. All communications will be emailed to the email address that was used when the online account was created.
 - b. If that email address has changed or if you are unsure about the email address used, contact the Foundation at the number provided below.
 - c. If you do not receive confirmation of submission, check your spam mail or junk mail. If not there, you may not have selected the Submit button. Log back into your account and look in the pending applications. If not submitted, open and resubmit the application.
 - d. Add gloriap@zsr.org to your email contacts.
- Save your work frequently by clicking the "Save and Finish Later" button found at the bottom of each page. Please note that saving your application will also trigger an automated email reminder that will include the steps to access a saved application. You may need to close your internet browser completely before logging back into your account. If you don't close, you may be directed to begin a new application.
- Please do not use the back button on your browser; click the tabs at the top of the page of the application to return to a particular section of the application.

- Upon reviewing your application, if red errors display, please correct the information, then click on the "Update" button at the bottom of the page. When all errors are resolved, the final attachment has been created and uploaded, and the "Update" button has been selected; you can submit your application. All questions and required information must be completed and uploaded. *If you would like to provide any additional information other than what is required in the application, contact the Foundation.*
- Please do not use bullet points, tabs, or other symbols or special characters (e.g., #,(), ", >, <, *). Our online system does not recognize them. Also, bold and underlined text formatting options will not be displayed within your answers.
- Click the **red check mark** to spell check your narrative.
- Anywhere the blue info-bubble is displayed; there is a help text. Please take time to read the information that pertains to that question or selection.
- This application includes calculated fields designed to help you identify any inconsistencies in the data being provided. Please click the calculator symbol and then wait for the page to reload. If you are asked to insert any numbers, please insert whole numbers only no decimals.
- <u>Do not submit any information to documents@zsr.org</u> (unless directed by Foundation staff).
- 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 <u>NOT</u> be accepted.

If other questions arise while working on this application, visit our website at www.zsr.org. If you cannot find the answer to your questions, call us at (800) 443-8319 or (336) 725-7541.

I have read and understand the above information.



Z. Smith Reynolds FOUNDATION

Eligibility Assessment

Progress Reports, Interim Reports, and Final Reports – for former or current grantees:

These reports are no longer provided on our website and can only be assessed through the Grantee's online account. In accordance with our Grantees Acceptance and Understanding (GAU) form (#3, #4, and Submission of Reports), the Grantee is required to submit a report providing how funds are spent and progress made in accomplishing the purpose of the grant. (A sample GAU form can be viewed at www.zsr.org/grantees.)

- Progress Reports A progress report is not required at time of submission. If a progress report is needed - <u>After</u> the application has been submitted, we will provide a progress report(s) in your online account and notify you via email when the form is available and when to submit.
- Interim Reports <u>These reports are</u> required on multi-year Strategic Grants only. (If you received a one-year strategic General Operating Support, one-year Strategic Project or a Small grant, you do not complete an interim report.) The interim report will be placed in your online account and must be submitted eleven (11) months after the previous payment is disbursed. The report must be submitted to us and approved by the Foundation staff before the second or subsequent payments are disbursed.
- Final Reports After the last payment has been disbursed, the final report is due no later than fifteen (15) months from the date of the last payment.

 If a Grantee has received previous grants from the Foundation, all previous reporting requirements that are delinquent must be submitted to and approved by the Foundation before any further release of funds are made. Also, any pending grant applications could potentially not be considered for funding in the current cycle. For more information, please contact the Foundation at 800-443-8319 or 336-725-7541.
I have read and understand the change.
-Select One- V

FOUNDATION Contact Us General Information Organization Information Goals Results and Indicators of Success Organizational Development and Context Financial Information Budget Information Final Attachment	. Smith Reyr	olds						
General Information Organization Information Goals Results and Indicators of Success Organizational Development and Context Financial Information Budget Information * Regenee before final submission General Information Ceneral Information Printer Friendy 1 * Megneee before final submission General 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: For your organization does not have its own Tax Exempt Certificate (Determination Letter) and another organization is applying on your behalf as a fiscal sponsor, who TaX Est Staff member gave prior approval to apply. * If another organization is applying on your behalf as a fiscal sponsor, what ZER staff member gave prior approval to apply. * If another organization is applying on your behalf as a fiscal sponsor, what ZER staff member gave prior approval for the fiscal sponsorship? * If another organization is applying on your behalf as a fiscal sponsor, what ZER staff member gave prior approval for the fiscal sponsorship? * * owne for Organization * The antimization of the gave and the apple accepted. Select One> * * Name of Organization Select Diffecte * Office Mailing Address 123 Anywhere Street 123 Anywhere Street * Zip Code								
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Strategic Project for Colleges and Universities, Governmental Units, Religious Entities

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Title 🔋 Executive Director					
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Race/Ethnicity White/Caucasian					
mary Contact for the <u>PROJECT</u> :					
ame as Organization Primary Contact					
Primary Contact for the <u>PROJECT</u> : If you are applying on behalf o t	f a college or un	iversity, please prov	ide the following as the Primar	v Contact for the Project:	

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l	Period for which funds are requested:	
:	* Length of Grant: (months)	
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l	Start Date	
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l	Please state the requested amount per year for each year	
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Strategic Project for Colleges and Universities, Governmental Units, Religious Entities

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- BUNCOMBE
- BURKE
- CABARRUS
- CALDWELL
- CAMDEN
- CARTERET
- CASWELL
- CATAWBA
- CHATHAM
- CHEROKEE
- CHOWAN
- CLAY
- CLEVELAND
- COLUMBUS
- CRAVEN
- CUMBERLAND
- CURRITUCK
- DARE
- DAVIDSON
- DAVIE
- DUPLIN
- DURHAM
- EDGECOMBE
- FORSYTH
- FRANKLIN
- GASTON
- GATES
- GRAHAM
- GRANVILLE
- GREENE
- GUILFORD
- HALIFAX
- HARNETT
- HAYWOOD
- HENDERSON
- HERTFORD
- HOKE
- HYDE
- JACKSON
- JOHNSTON
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- LENOIR
- LINCOLN
- MACON

- MADISON
- MARTIN
- MCDOWELL
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- MITCHELL
- MONTGOMERY
- MOORE
- NASH
- NEW HANOVER
- NORTHAMPTON
- ONSLOW
- ORANGE
- PAMLICO
- PASQUOTANK
- PENDER
- PERQUIMANS
- PERSON
- PITT
- POLK
- RANDOLPH
- RICHMOND
- ROBESON
- ROCKINGHAM
- ROWAN
- RUTHERFORD
- SAMPSON
- SCOTLAND
- STANLY
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* 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;	
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* Board Information - Selection of Members	
Please upload one document that contains the following information:	
5. Brief explanation of how board members are selected.	
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Advisory Board	
If your center, institute, or project has an Advisory Board or Board, please upload one document which contains the followin	ng information:
1. Name of each advisory board member;	
 City and State of Residence of each advisory board member; Occupation of each advisory board member; 	
4. Race/ethnicity of each advisory board member;	
5. Email address each advisory board member.	
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Equity and Inclusion	
The Foundation actively seeks to promote access, equity, and inclusion and to discourage discrimination based on race, ethnicity, gende economic status, and other factors that deny the essential humanity of all people.	er, age, sexual orientation, socio-
* Please list some specific examples of how you have demonstrated this value in the past three years.	_
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* The Z. Smith Reynolds Foundation is changing the time for submission of the online grant application to 12:00 pm on February of time of submission. Yes v	v 2, 2015. I acknowledge the change
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General Information	Organization Information	Goals Results and Indicators of Success	Organizational Development and Context	Financial Information	Budget Information	Final Attachment R
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Required before final sub	omission					
Organization Missior	1					
* Please state your o	organization's mission.					
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* Please briefly desc	ribe the work of your organi	zation, including the core programs that sup	pport your mission.			
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Prior Achievements						
* Please list your or	ganization's top three results	achieved in the past three years and expla	in how they have helped to advance your mi			
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Lessons Learned						
What are the signi results?	ficant lesson(s) learned from	your work in the past three years and what	at are you doing differently as a result of you	ir learning(s) that enable	es you to achieve greate	er
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roonbarron					Contact Us
General Information Organization Information	Goals Results and Indicators of Success	Organizational Development and Context	Financial Information	Budget Information	Final Attachment
8 Required before final submission	Go	als Results and Indicators of Succ	ess		Printer Friendly
Problem Statement					
* What community or public need(s) will your pro					
Please include relevant data showing the scale of the problem y	ou seek to address.		\checkmark		
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Long Town Desults					
Long Term Results	anonization coole to achieve through this	naisat? Haw lang will it take you to achieve	these 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			
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Short Term Results					
For each long-term result listed above, please of	describe the short-term result(s) that your	organization will achieve during the grant pe	riod.		
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Methods and Strategies					
* What methods or strategies will your organizati	ion employ to achieve, or make progress to	wards achieving, the long-term results listed	above?		
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L					
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 re	esults during the grant period.
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Collaboration	
* For each short-term result, name any partners with whom you will collaborate and describe their contribution.	
To reach shore term result, name any paralers with whom you win contaborate and describe their contribution.	\checkmark
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Barriers to Success	
- Assuming you receive the necessary financial resources, what are the external obstacles that might prevent you from achieving your anticipat	ed results and what are your plans to
address them?	
	\checkmark
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Organization Context and Role			
* Please name other organizations in North Carolina that work in your	field.		
		\checkmark	
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* What is the role your organization plays relative to the roles played	ny other organizations working within your field?		
		\checkmark	
Word count 0 of 100			
Challenges			
* Please list the significant internal challenges facing your organizatio	1, staff and/or board and what your plan is to address them.	\checkmark	
Word count 0 of 180			
Priorities			
* How will the project change if a grant awarded is for an amount less	than requested?		
		\checkmark	
Word count 0 of 180			

Is there anything else you would like the Foundation to know about your organization or project?		
		\checkmark
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neral Information Organization Information	Goals Results and Indicators of S	Success Organizationa	I Development and Context	Financial Information	Budget Information	Final Attachment
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come Sources For This Project						
ease list the five largest sources of income for	or this project in the past two yea	rs. Include any govern	ment contracts as well as	grants and contributions	s. For each source, ple	ease provide a) name
al amount received over two years.						
Source (Person, Foundation, Agency)	Total Amount					
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hat funds from other sources (whether othe	r foundations, other donors or int	ernal sources) have be	en received or are under c	onsideration for the proi	ect for the same time	period as this grant
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Budget Information

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* Required before final submission

Z. Smith Reynolds

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 <u>NOT</u> be accepted**.

Budget Instructions:

FOR COLLEGES AND UNIVERSITIES:

If you are applying on behalf of an ENTIRE college/university (e.g. UNC-Chapel Hill) or a graduate school (e.g. School of Law) or a department (e.g. Department of History), you ONLY need to submit a Project budget for the period for which you are requesting funds (ITEM #1 BELOW).

If you are applying on behalf of a Center or institute (e.g. Center for Civil Rights, Institute for the Environment), please provide ITEMS #1 THROUGH #4 BELOW.

FOR OTHER GOVERNMENTAL UNITS OR RELIGIOUS ENTITIES:

If you are applying on behalf of a governmental unit or religious entities that is not a college or university (e.g. City of Winston-Salem or North Carolina Department of Labor), you <u>ONLY need to submit a Project budget for the period for which you are requesting funds</u> (ITEM #1 BELOW).

FOR THE REQUIRED BUDGET ATTACHMENTS (refer to the above instructions as to whether you are required to upload anything other than a project budget):

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

Note: If you are requesting 18 months or two years 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 three years 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 two years 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 three years 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	7/1/13-6/30/14	10/1/13-9/30/14
CURRENT YEAR BUDGET with year-to date actual revenues & expenses	2015	7/1/14-6/30/15	10/1/14-9/30/15
NEXT YEAR 1 BUDGET	2016	7/1/15-6/30/16	10/1/15-9/30/16

NEXT YEAR 2 BUDGET	2017	7/1/16-6/30/17	10/1/16-9/30/17
NEXT YEAR 3 BUDGET	2018	7/1/17-6/30/18	10/1/17-9/30/18
PROJECT YEAR 1 BUDGET	6/1/2015-5/31/2016 or 2016	7/1/15-6/30/16	10/1/15-9/30/16
PROJECT YEAR 2 BUDGET	6/1/2016-5/31/2017 or 2017	7/1/16-6/30/17	10/1/16-9/30/17
PROJECT YEAR 3 BUDGET	6/1/2017-5/31/2018 or 2018	7/1/17-6/30/18	10/1/17-9/30/18

1. 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 (uploaded separately). (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 (uploaded separately). (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, list the following:
- 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 Choose File No file chosen Upload

E	Budget – P	ro	ject Budget Year Two
	Choose Fil	е	No file chosen
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Budget – Project Budget Year Three Choose File No file chosen Upload

2. 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.
- Choose File No file chosen

Upload

3. 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.

Choose File No file chosen Upload
4. 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 <u>12 months in Length of Grant</u>, we need a budget for just NEXT 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 NEXT YEAR ONE and NEXT 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 NEXT YEAR ONE, NEXT YEAR TWO, and NEXT YEAR THREE (<u>uploaded separately</u>). (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 Choose File No file chosen Upload
Budget - Next Year Two Choose File No file chosen Upload
Budget - Next Year Three Choose File No file chosen Upload
Save & Finish Later Next



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

Choose File No file chosen

Save & Finish Later Review

INSTRUCTIONS TO CREATE FINAL ATTACHMENT (COPY OF APPLICATION)

1. Click the "Review" button at the bottom of the page.

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Z. Smith Reynolds FOUNDATION						
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 step instructions on how to create, click 1. Click the Review button at the bott 2. Review your application and correc 3. Click Update. 4. Click the link to "View Printer Frien 5. On the File menu, select "Save As" 6. Name your document. 7. Then for "Save As" 8. Close the "Printer Friendly Version" 9. Upload the "Final Attachment" doct 10. Click Update. 11. Click Submit. Immediately after clic you still did not receive an email st application and click "Submit". 	w. Then upload the "Final Attachment" (C HERE . and of the page. t any errors that display in red. dly Version" that is displayed in the top ri (or Control S on your keyboard), then sel application as Save as Type = Webpage, I ment in the space provided below. king the submit button, you will receive a ating you submitted your application, log w to upload final attachments" for detailed		by does not look like the example on ou litted. If you do not receive an email, ch ation is in the "Pending" section, you d	ır website, please resav heck your spam or junk lid not submit the applic	ve by following cemail folder. If ication. Open the	
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2. After clicking the "Review" button, if there are any errors, they will be indicated at the beginning of the application. Scroll through the application for the errors and correct.

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IMPORTANT: If your organization does not have i must contact the Foundation for prior approval to a		nination Letter) and another organization is app	lying on your behalf as the Fisc	al Sponsor, you	
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xyz company					
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3. Scroll to the bottom of the application. Select the "Update" button. (Note that the Final Attachment field will still be blank.)

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4. From the top of the application, select "Printer Friendly Version" to view the application.

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5. A tab opens with a viewable copy of the application. Select the "cog" at the top right of the page. If that symbol is not available, do a "Control S" from your keyboard.

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IMPORTANT: If your organization does not have its own Tax Exempt Certificate (Deterr approval to apply.	nination Letter) and another organization is a	oplying on your behalf as the Fiscal Sponsor, you	I must contact the Foundation for prior
If another organization is applying on your behalf as a fiscal sponsor, what ZSR staff member gave prior is approval was given sponsor and applying the arganization and complete a " Project Support " application. • You must provide that organization's Tax Exampl. Confignate. • If a grant is analed, that organization is responsible for the administration of the grant and for any responsing requirements needed.	approval for the fiscal sponsorship?		
Not Applicable			
Name of Organization Exactly as it appears on your federal tax-exemption certification under Section 501(c)(3) of the IRS Code.			
xyz company			
Federal Tax ID Number			
Format: 99-9999999			
12-1234567			
Tax Exempt Certification The Foundation must receive a copy of the petitioning organization's fielderal tax-exempt certification under Section 501(c)(3) of the Internal organization applied to the IRS and, if possible, documentation from the IRS stating your application is under consideration. Form - Matching Gifts.doc	Revenue Code that includes a determination as to the organization's stal	us as a publicly-supported organization. If you do not yet have your 301(c)(3) status, please upload a document that states when your
Date of Incorporation Format: 99/99/9999			
12/31/1987			
State of Incorporation			
North Carolina			
Select your foundation status under the Internal Revenue Code Section 509. All 501(c)(3) organizations a explanation of what a 509(a) status is, see the Internal Revenue Service website under Public Charities 509(a)(1)			your IRS determination letter. For further
If your organization is a section 509(a)(3) supporting organization, select the type.			
Office Mailing Address			

6. If the "Cog" is selected, do "File" then "Save As". If the "Control S" is done, a Save Webpage screen opens.

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9. Close the "Printer Friendly Version" by selecting x indicated in the screen shot below.

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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 approval to apply.	the Foundation for prior
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 RRDIECT of that organization and complete a " Project Support " application. • You must provide that organization's Tax Exempt Cartificate. If a grant is avaided, that organization is responsible for the administration of the grant and for any reporting nequirements needed.	
Not Applicable	
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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 uplor organization against the status of the petitioning organization is under consideration. Form - Matching Gifts.doc	id a document that states when your
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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 IRC Section 509. The 509 status can be found on your IRS detern explanation of what a 509(a) status is, see the Internal Revenue Service website under <i>Public Charities</i> (http://www.irs.gov/publications/p557/ch03.html#en_US_2011_publink1000200126). 509(a)(1)	ination letter. For further
If your organization is a section 509(a)(3) supporting organization, select the type.	
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10. Scroll to the bottom of the application to upload the Final Attachment (copy of the application you just saved).

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13. Once the application is submitted, the information below in "RED" will be generated in your online account and an email will also be sent to your inbox. *IF YOU DID NOT RECEIVE EITHER, YOU DID NOT SUBMIT YOUR APPLICATION.*

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General Information MCPORTANT: If your organization does not have its own Tax Exempt apply. Information MPORTANT: If your organization does not have its own Tax Exempt apply. If another organization is applying on your behalf as a fiscal sponsor, whit apply. If approximation is applying on your behalf as a fiscal sponsor, whit apply. If approximation is applying on your behalf as a fiscal sponsor, whit apply. If approximation is applying on your behalf as a fiscal sponsor, whit apply. If approximation is applying on your behalf as a fiscal sponsor, whit apply as a project finance and completes a "Project Support" apply.	anager New Related Pactions- Move Actions- Move Actions- Move Tags File Policy Unread Policy Unread Pol	Zoom Zoom Zoom the status of your application within two 41. For your records, here is a copy of th the status and Word documents. TIF or JPI	e contents of your appl EG or PNG formats wi	ie grant cation.

General Information

General 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 <u>NOT</u> 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.				
Not Applicable				
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 or Federal EIN Number (<u>NOT</u> State EIN Number) ^{Format:} 99-9999999 10854861				
Office Mailing Address				
123 Anywhere Street				
City State Zip Code				
Winston Salem NC 27101				
County in which your primary headquarters is located				
FORSYTH				
Website				
xyz@yahoo.com				
Telephone Fax				
Format: 999-9999 Format: 999-9999				
999-999-999 999-999-999				

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 IRC 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 <i>Public Charities</i> (http://www.irs.gov/publications/p557/ch03.html#en_US_2011_publink1000200126). Governmental Unit/Other						
If your organization is a section 509(a)(3) supporting organization, select the type. Type III						
Organization Primary Contact:						
Organization Primary Contact: - If you are applying on behalf of a <u>college or university</u> , please provide the following as the Organization Primary Contact: "Leader" of the Center/ Department/ Institute requesting funds. (DO NOT LIST THE CFO, PRESIDENT, OR CHANCELLOR OF THE SCHOOL.)						
 If you are applying on behalf of a <u>governmental unit or a religious entity</u>, please provide the following as Organization Primary Contact: "Executive Director, Chief Executive Officer, etc." 						
PrefixFirst NameMiddle NameLast NameSuffixMr.JacobDoe< None>						
Title						
Executive Director						
Address						
123 Anywhere Street						
CityStateZip CodeWinston SalemNC27101						
Phone Extension Cell Phone Format: 999-9999 101 Format: 999-9999 3361234567 3366874123						
Office Fax E-mail Format: 999-9999 xyzcorp@gmail.com						
Race/Ethnicity American Indian						
Primary Contact for the <u>PROJECT</u> :						
Same as Organization Primary Contact No						

FINAL ATTACHMENT -Strategic Grant - Project Support For Colleges, Universities, Govt Units, Religious Ent.htm[11/13/2014 12:44:43 PM]

Primary Contact for the <u>PROJECT</u> : If you are applying on behalf of a <u>college or university</u> , please provide the following as the Primary Contact for the <u>Project</u> : - <u>List the person that is most knowledgeable about the project.</u> (DO NOT LIST THE DEVELOPMENT OFFICER.)						
		•		a <u>governme</u> nary Conta		<u>it or religious entity</u> , please e Proiect:
- <u>List the</u>	project co	<u>ordinator or</u>	the p	person that i	<u>s most kr</u>	nowledgeable about the project
<u>to whom</u>	all comm	unications re	egard	<u>ling this appl</u>	ication sh	hould be directed.
					0	
-	First Name <i>N</i> ary	Middle Nam	-	Last Name Doe	Suffix < None>	
Title						
Supervisor						
Office Mailir	ng Address					
123 Anywhe	ere Street					
Office City				Zip Code		
Winston Sal	em NC	2	7101			
Telephone		Cell Phone				
Format: 999-99		Format: 999-999-99	999			
336123456	/ :	3366874124				
Office Fax		E-mail				
Format: 999-99	99-9999	kyz1corp@gma	il.com			
L						
Organizatio	n Primary Of	fice Informatio	n			

If your organization's primary mailing address is different from your physical address, please provide the information requested below.

Physical Street Address 123 Anywhere Street

City	State	Zip Code
Winston Salem	NC	27101

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.) Environment

FINAL ATTACHMENT -Strategic Grant - Project Support For Colleges, Universities, Govt Units, Religious Ent.htm[11/13/2014 12:44:43 PM]

Please enter a short project title. (If college/university, please list the center/department/institute requesting funds, then the project title.) Department of Health Services - Erosion - Everyone's Problem Please briefly describe the project for which you are requesting funds. TEST Period for which funds are requested: Length of Grant: (months) 30 Months Start Date 06/01/2015 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. 85000 Year 2 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 2. 85000

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. 40000

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. 210000

Geographic area in which work will take place STATEWIDE PROJECT

Please select the county or counties in which your organization will work All of North Carolina

Organization's Fiscal Year End Date Format: 99/99/9999 09/30/2015

Staff Info	rmation: Nun	nber of Staff	Working	On Project.				
Part-time 5	Full-time 1	e Total 6.00	?					
Gender								
Male 2		Other T 2 6	otal:					
Race/ Et Do not u	hnicity se decimals	. Put 0 if no	ot applic	able.				
White/Ca 0	ucasian (Non	Latino/Hispa	anic)	Black/African A 1	meric	an (Non Latino	/Hispanic)	Latino/Hispanic 1
American	Indian or Ala	iska Native		/Asian Americar	n	Multi-Racial	Other Race/	
1			2			0	1	Total: 6
Board Inf	ormation of A	Applicant Org	anizatior	ו:				
Gender								
Males 2	Females 1	Other 0	Total: 3					
Race/ Ethnicity Do not use decimals. Put 0 if not applicable.								
White/Ca 1	ucasian (Non	Latino/Hispa	anic)	Black/African A 1	meric	an (Non Latino	/Hispanic)	Latino/Hispanic 0
American	Indian or Ala	iska Native	Asiar 0	/Asian America	n	Multi-Racial 0	Other Race/ 0	
1			0			0	0	Total: 3
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)								
or ethni	c group liste	ed below so	that th	rical value (W) e total equals it use decimals	100 p	percent:) of each race

ı.

Asian/Asian American 2	Multi-Racia 2	al Other Race/Ethnic 34	ity Total: Must total to 100 100%
er; of each board memb nember; d member;	er;	nation:	
bers			
	-	nation:	
following information d member;	:		lone
	2 f your organization's Boar d how the organization pla nat contains the follow er; of each board memb nember; d member; EGINNING YOUR APPLICA bers nat contains the follow ard members are selen - SAMPLE.pdf ject has an Advisory following information d member; of each advisory boar y board member; sory board member; y board member.	2 2 f your organization's Board is not repro- tation the organization plans to address how the organization plans to address address how the organization plans to address how the organization plans to address address how the organization plans to address how the organizatio	2 2 34 f your organization's Board is not representative of the demog how the organization plans to address this circumstance. the organization plans to address this circumstance.

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

* The Z. Smith Reynolds Foundation is changing the time for submission of the online grant application to 12:00 pm on February 2, 2015. I acknowledge the change of time of submission. Yes

Organization Information

Organization Mission

Please state your organization's mission. TEST

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

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

Goals Results and Indicators of Success

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

Long Term Results

Problem Statement

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

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

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

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

Collaboration

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

Organizational Development and Context

Organization Context and Role

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

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

Challenges

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

Priorities

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

Additional Information

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

Financial Information

Income Sources For This Project

FINAL ATTACHMENT - Strategic Grant - Project Support For Colleges, Universities, Govt Units, Religious Ent.htm[11/13/2014 12:44:43 PM]

Please list the five largest sources of income for this 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 and b) the total amount received over two years.

1. Source (Person, Foundation, Agency)Total AmountUNC-Development10000				
2.				
NCSU-Housing	7500			
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 USDA Choic	Amount e 5000	Status Highly likely	Decision Expected 03/31/2015		
2.	Committed				
3.	Committed				
4.	Committed				

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 <u>NOT</u> be accepted. **Budget Instructions:**

FOR COLLEGES AND UNIVERSITIES:

If you are applying on behalf of an <u>ENTIRE</u> college/ university (e.g. UNC-Chapel Hill) or a graduate school (e.g. School of Law) or a department (e.g. Department of History), <u>you ONLY need to</u> submit a Project budget for the period for which you are requesting funds (ITEM #1 BELOW).

If you are applying on behalf of a Center or institute (e.g. Center for Civil Rights, Institute for the Environment), please provide ITEMS #1 THROUGH #4 BELOW.

FOR OTHER GOVERNMENTAL UNITS OR RELIGIOUS ENTITIES:

If you are applying on behalf of a governmental unit or religious entities that is not a college or university (e.g. City of Winston-Salem or North Carolina Department of Labor), you <u>ONLY need to</u> submit a Project budget for the period for which you are requesting funds (ITEM #1 BELOW).

FOR THE REQUIRED BUDGET ATTACHMENTS (refer to the above instructions as to whether you are required to upload anything other than a project budget):

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

Note: If you are requesting two years 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 three years 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 two years 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 three years of funding, for the Project Budget, you need to include PROJECT BUDGET YEAR ONE, PROJECT BUDGET YEAR TWO, AND PROJECT BUDGET YEAR THREE.

<u>BUDGET</u>	CALENDAR _YEAR	FISCAL YEAR (ENDING IN JUNE)	FISCAL YEAR (ENDING IN SEPTEMBER)		
PRIOR YEAR BUDGET and actual revenues & expenses	2014	7/ 1/ 13- 6/ 30/ 14	10/1/13-9/30/14		
CURRENT YEAR BUDGET with year- to date actual revenues & expenses	2015	7/ 1/ 14- 6/ 30/ 15	10/1/14-9/30/15		
NEXT YEAR 1 BUDGET	2016	7/1/15- 6/30/16	10/1/15-9/30/16		

NEXT YEAR 2 BUDGET	2017	7/1/16- 6/30/17	10/ 1/ 16-9/ 30/ 17
NEXT YEAR 3 BUDGET	2018	7/ 1/ 17- 6/ 30/ 18	10/1/17-9/30/18
PROJECT YEAR 1 BUDGET	6/ 1/ 2015- 5/ 31/ 2016 or 2016	7/1/15- 6/30/16	10/ 1/ 15-9/ 30/ 16
PROJECT YEAR 2 BUDGET	6/ 1/ 2016- 5/ 31/ 2017 or 2017	7/1/16- 6/30/17	10/ 1/ 16-9/ 30/ 17
PROJECT YEAR 3 BUDGET	6/ 1/ 2017- 5/ 31/ 2018 or 2018	7/ 1/ 17- 6/ 30/ 18	10/ 1/ 17-9/ 30/ 18
PROJECT YEAR 3 BUDGET	5/ 31/ 2018 or		10/ 1/ 17-9/ 30/ 18

1. 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</u> <u>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</u> <u>Length of Grant</u>, we need a budget for PROJECT BUDGET YEAR ONE and PROJECT BUDGET YEAR TWO (uploaded separately). (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</u> <u>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, list the following:
 - 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 SAMPLE - Budget-Project Budget.pdf

Budget – Project Budget Year Two SAMPLE - Budget-Project Budget_VER_1.PDF

Budget – Project Budget Year Three SAMPLE - Budget-Project Budget_VER_2.PDF

2. 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 <u>in a single document, it must include the following</u>:

- 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. SAMPLE - Budget-Prior Fiscal Year.pdf

3. 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 <u>in single document, it must include the</u>

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.
 SAMPLE - Budget-Current Fiscal Year.pdf

4. 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 <u>12 months in</u> <u>Length of Grant</u>, we need a budget for just NEXT YEAR ONE.
- In the General Information section of this application, if you selected <u>18 or 24 months in</u> <u>Length of Grant</u>, we need a budget for NEXT YEAR ONE and NEXT 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</u> <u>Length of Grant</u>, we need a budget for NEXT YEAR ONE, NEXT YEAR TWO, and NEXT YEAR THREE (<u>uploaded separately</u>). (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 SAMPLE - Budget - Next Fiscal Year.pdf

Budget - Next Year Two SAMPLE - Budget-Next Fiscal Year_VER_1.PDF Budget - Next Year Three SAMPLE - Budget-Next Fiscal Year_VER_2.PDF

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