SAMPLE APPLICATION PDF - STRATEGIC PROJECT SUPPORT

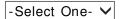
IMPORTANT INFORMATION BEFORE BEGINNING YOUR APPLICATION

- 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

						Contact Us
eneral Information	Organization Information	Goals Results and Indicators of Success	Organizational Development and Context	Financial Information	Budget Information	Final Attachment
Required before final sul	omission		General Information			Printer Friendly
General Information						
IMPORTANT: I we will accept	For uploading docume Excel and Word docu	nts as attachments within the ap ments. TIF or JPEG or PNG forma	plication – The recommended forr ts will <u>NOT</u> be accepted.	nat for documents i	is pdfs. However,	
		bes not have its own Tax Exempt r, you must contact the Foundatic	Certificate (Determination Letter) on for prior approval to apply.) and another orgar	nization is applyin	g
If approval was given: • You must apply as a PF	ation is applying on your beh ROJECT of that organization and comple organization's Tax Exempt Certificate.		mber gave prior approval for the fiscal s	sponsorship?		
• If a grant is awarded, t	that organization is responsible for the	administration of the grant and for any reporting requirem	ents needed.			
<select one=""></select>	▼					
* Name of Organizat Exactly as it appears on		n under Section 501(c)(3) of the IRS Code.				
xyz corp						
Federal Tax ID Nu Format: 99-9999999	mber					
10854861						
* Tax Exempt Certifi The Foundation must rec organization. If you do n Choose File No fil Upload	eive a copy of the petitioning organizat ot yet have your 501(c)(3) status, plea	ion's federal tax-exempt certification under Section 501(c se upload a document that states when your organization)(3) of the Internal Revenue Code that includes a determina applied to the IRS and, if possible, documentation from the	ation as to the organization's statu IRS stating your application is ur	is as a publicly-supported ider consideration.	
Opioau						
* Date of Incorporat Format: 99/99/9999	ion					
	ion					

509(a)(1) ▼					
If your organization is a se	ection 509(a)(3) supporting orga	nization select the type			
<none> </none>	section 505(a)(5) supporting orga	mzation, select the type. 1			
Office Mailing Address					
123 Anywhere Street					
City	* State	* Zip Code			
Winston Salem	NC 🔻	27101			
Country in subjets seems asime					
FORSYTH	ary headquarters is located				
Website xyz@yahoo.com					
Telephone Format: 999-999-9999					
999-999-999					
Fax Format: 999-999-9999					
999-999-999					
rganization Primary Contac	t: Provide information for the ch	ief executive of the organization.	(aka executive director)		
Prefix * F	First Name	Middle Name	* Last Name	Suffix	
Mr. •	Jacob		Doe	<none> •</none>	
Title 👔					
Executive Director					
Address 123 Anywhere Street					
City (* State	* Zin Codo			
City Winston Salem	NC V	* Zip Code 27101			
Phone Exte Format: 999-999-9999 101	ension * Cell Phone Format: 999-999-9999)			
3361234567	3366874123				
Office Fax * E-	-mail				
	yzcorp@gmail.com				
	, p@gacom				
Race/Ethnicity White/Caucasian	•				

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IMARY CONTACT: P	ease provide the following	information for the person	n to whom all communication regardi	ng this application sh	nould be directed.	
Same as Organizatio	n Primary Contact					
Prefix	* First Name	Middle Name	* Last Name		Suffix	
Miss •	Mary		Doe		<none> •</none>	
Title						
Supervisor						
Office Mailing Addre						
Office Mailing Addre 123 Anywhere Stre						
,						
Office City		* Office State	* Office Zip Code			
Winston Salem		NC V	27101			
Telephone Format: 999-999-9999	* Cell Phone Format: 999-999-9999					
3361234567	3366874124					
06:						
Office Fax	* E-mail					
	* E-mail xyz1corp@gmail.com					
Format: 999-999-9999	xyz1corp@gmail.com					
Format: 999-999-9999	xyz1corp@gmail.com					
Format: 999-999-9999	xyz1corp@gmail.com		physical address, please provide th	e information reques	sted below.	
Format: 999-999-9999	xyz1corp@gmail.com		physical address, please provide th	e information reques	sted below.	
Format: 999-999-9999 rganization Primary If your organization	xyz1corp@gmail.com Office Information 's primary mailing addre		physical address, please provide th	e information reque	sted below.	
Format: 999-999-9999 rganization Primary If your organization	xyz1corp@gmail.com Office Information 's primary mailing addre		physical address, please provide th	e information reques	sted below.	
Format: 999-999-9999 rganization Primary If your organizatio Physical Street Addr	xyz1corp@gmail.com Office Information 's primary mailing addre	ss is different from your p	p Code	e information reques	sted below.	
Format: 999-999-9999 rganization Primary If your organizatio Physical Street Addr	xyz1corp@gmail.com Office Information n's primary mailing addre	ss is different from your p		e information reque	sted below.	
Format: 999-999-9999 rganization Primary If your organizatio Physical Street Addr	xyz1corp@gmail.com Office Information n's primary mailing addre	ss is different from your p		e information reques	sted below.	
Format: 999-999-9999 rganization Primary If your organization Physical Street Addr City	xyz1corp@gmail.com	ss is different from your p		e information reque	sted below.	
Format: 999-999-9999 rganization Primary If your organization Physical Street Addr City Dication Informatio	xyz1corp@gmail.com	ss is different from your p		e information reque	sted below.	
Format: 999-999-9999 rganization Primary If your organization Physical Street Addr City pplication Informatio Which of the followi	xyz1corp@gmail.com	ss is different from your p				
Format: 999-999-9999 rganization Primary If your organization Physical Street Addr City Difference of the followi	xyz1corp@gmail.com	ss is different from your p	p Code			
Physical Street Addr City pplication Informatio Which of the followi (Note: It is not necessary t	xyz1corp@gmail.com	ss is different from your p	p Code			
Format: 999-999-9999 rganization Primary If your organization Physical Street Addr City Discrete Addr City Which of the followi (Note: It is not necessary to	xyz1corp@gmail.com	ss is different from your p Zip 5 of your proposal? ions regarding this field; simply sele	p Code	ly affect your grant request.		

Word count 0 of 150	
Period for which funds are requested:	
* Length of Grant: <select one=""> ▼</select>	
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."	t requested in Year 1 box, 0 in Year 2 box and 0 in Year 3 box. Then "Enter the total amount being
If you entered 18 or 24 months in Length of Grant above, enter and	ount requested in Year 1 box, enter amount requested in Year 2 box, and 0 in Year 3 box. Then in "Ente
the total amount being requested" indicate the amount being reque	-
box. Then in "Enter the total amount being requested" indicate the	ount requested in Year 1 box, enter amount requested in Year 2 box, and enter amount requested in Ye a amount being requested in all three years.
Year 1	* Year 2
Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.	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.
	* 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.
	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.
	Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.
Enter the total amount being requested The total amount requested must equal to the funding requested in Year 1 + Year 2 + Year 3. P	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.
The total amount requested must equal to the funding requested in Year 1 + Year 2 + Year 3. P	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.
The total amount requested must equal to the funding requested in Year 1 + Year 2 + Year 3. P Geographic area in which work will take place	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.
The total amount requested must equal to the funding requested in Year 1 + Year 2 + Year 3. P Geographic area in which work will take place Select One>	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. Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.
The total amount requested must equal to the funding requested in Year 1 + Year 2 + Year 3. P Geographic area in which work will take place Select One>	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. Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.
The total amount requested must equal to the funding requested in Year 1 + Year 2 + Year 3. P Geographic area in which work will take place <select one=""> < Please select the county or counties in which your organization will wo All of North Carolina</select>	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. Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.
The total amount requested must equal to the funding requested in Year 1 + Year 2 + Year 3. P Geographic area in which work will take place <select one=""> </select>	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. Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.
The total amount requested must equal to the funding requested in Year 1 + Year 2 + Year 3. P Geographic area in which work will take place Select One> Please select the county or counties in which your organization will wo All of North Carolina ALAMANCE	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. Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.
The total amount requested must equal to the funding requested in Year 1 + Year 2 + Year 3. P Geographic area in which work will take place Select One> Please select the county or counties in which your organization will wo All of North Carolina ALAMANCE ALEXANDER	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. Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.
The total amount requested must equal to the funding requested in Year 1 + Year 2 + Year 3. P Geographic area in which work will take place Select One> Please select the county or counties in which your organization will wo All of North Carolina ALAMANCE ALEXANDER ALLEGHANY	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. Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.

- BEAUFORT
- BERTIE
- BLADEN
- BRUNSWICK
- BUNCOMBE
- BURKE
- CABARRUS
- CALDWELL
- CAMDEN
- CARTERET
- 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
- IREDELL
- JACKSON
- JOHNSTONJONES

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- LEE
 LENOIR

- MACON
- MADISON
- MARTIN
- MCDOWELL
- MECKLENBURG
- MITCHELL
- MONTGOMERY
- MOORE
- NASH
- NEW HANOVER
- NORTHAMPTON
- ONSLOW
- ORANGE
- PAMLICO
- PASQUOTANK
- PENDER
- PERQUIMANS
- PERSON
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- POLK
- RANDOLPH
- RICHMOND
- ROBESON
- ROCKINGHAM
- ROWAN
- RUTHERFORD
- SAMPSON
- SCOTLAND
- STANLY
- STOKES
- SURRY
- SWAIN
- TRANSYLVANIA
- TYRRELL
- UNION
- VANCE
- WAKE
- WARREN
- WASHINGTON
- 🗆 WATAUGA
- WAYNE
- WILKES

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WILSON			
YANCEY			
Staff Information: Please enter a number between 0	and 9,999		
	anu 9,999.		
* Part-time * Full-time	Total:		
	0.00 🗟		
Gender			
* Male * Female	* Other	Total:	
		U text	
Race/Ethnicity Do not use decimals. Put 0 if not applicable.			
* White/Caucasian (Non Latino/Hispanic) * Black	/African American (Non Latino/Hispani	nic) * Latino/Hispanic	
W American Tadian an Alaska Nation	* Asian (Asian American * A		
* American Indian or Alaska Native	* Asian/Asian American * M	Multi-Racial * Other Race/Ethnicity Total:	
Board Information: Please enter a number between () and 9,999.		
Gender			
* Males * Females	* Other	Total:	
		0 📓	
Race/Ethnicity Do not use decimals. Put 0 if not applicable.			
Do not use decimais. Put o in not applicable.			
 White/Caucasian (Non Latino/Hispanic) Black 	/African American (Non Latino/Hispani	nic) * Latino/Hispanic	
* American Indian or Alaska Native	* Asian/Asian American * M		
		o 📓	
What is the demographic composition of the geo county in NC, please average the numbers.) (No		which you seek funds will be performed? (If the work is happening in more than one city or U.S. Census Quickfacts)	
Please enter the percentage as a numerical valu Maximum of 3 digits (0-100) and do not use deci		00) of each race or ethnic group listed below so that the total equals 100 percent.	
,			
* White/Caucasian (Non Latino/Hispanic)	x/African American	* Latino/Hispanic	

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Strategic Grant - Project Support_v2

			· ··· _	
* American Indian or Alaska Native	* Asian/Asian American	* Multi-Racial	* Other Race/Ethnicity	Total: Must total to 100 0% a
If the racial and/or gender make up of your organ address this circumstance. (If not applicable, please enter N/A)	ization's Board is not representati	ve of the demographics in	n the area served, please explain if and	
Word count 0 of 150				
 * Board Information Please upload one document that contains Name of each board member; City and State of Residence of each boa Occupation of each board member; Email address of each board member; Choose File No file chosen Upload 	-			
Board Information - Selection of Members Please upload one document that contains 5. Brief explanation of how board member Choose File No file chosen Upload	the following information: s are selected.			
Equity and Inclusion				
The Foundation actively seeks to promote acce economic status, and other factors that deny th			on based on race, ethnicity, gender, ag	je, sexual orientation, socio-
* Please list some specific examples of how you hav	e demonstrated this value in the p	past three years.	\checkmark	

Word count 0 of 150		
" *The Z. Smith Reynolds Foundation is changing the time for	r submission of the online grant application to 12:00 pm on Fe	bruary 2, 2015. I acknowledge the change
[™] of time of submission. Yes ▼		
	Save & Finish Later Next	

Z. Smith Reynolds								
	FO	U	N	D	A T	10	D N	

General Information	Organization Information	Goals Results and Indicators of Success	Organizational Development and Context	Financial Information	Budget Information	Final Attachment R
* Required before final sub	omission		Organization Information			Printer Friendly Ve
Organization Mission	1					
* Please state your o	organization's mission.					
				\checkmark		
Word count 0 of 80						
* Please briefly desc	ribe the work of your organiz	zation, including the core programs that su	pport your mission.			
				~		
Word count 0 of 250						
Prior Achievements						
* Please list your org	ganization's top three results	achieved in the past three years and expla	in how they have helped to advance your m	ission.		
Word count 0 of 225						
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	ur learning(s) that enable	es you to achieve greate	er
				\checkmark		
Word count 0 of 175						
<u> </u>						

Contact Us |

. Smith Reynolds					
TOONDATION					Contact Us
General Information Organization Information	Goals Results and Indicators of Success	Organizational Development and Context	Financial Information	Budget Information	Final Attachment
Required before final submission	Go	als Results and Indicators of Succ	ess		Printer Friendly V
Problem Statement					
* What community or public need(s) will your pro	oject address during this grant period?				
Please include relevant data showing the scale of the problem y	ou seek to address.		\checkmark		
Word count 0 of 150					
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?		
bescribe up to four forg term results that your	organization seeks to achieve through this	project: now long with it take you to achieve	\checkmark		
Word count 0 of 240					
Short Term Results					
* For each long-term result listed above, please c	describe the short-term result(s) that your o	organization will achieve during the grant pe	riod		
			\checkmark		
Word count 0 of 240					
Methods and Strategies					
* What methods or strategies will your organizati	on employ to achieve, or make progress to	wards achieving, the long-term results listed	above?		
			~		
Word count 0 of 180					
Indicators of Success					

Strategic Grant - Project Support_v2

As a tool with which to assess whether you are making progress, please list the indicators t	that you plan to track for each of your short-term re	sults during the grant period. \checkmark
Word count 0 of 150		<i>,</i>
ollaboration		
For each short-term result, name any partners with whom you will collaborate and describe	e their contribution.	
		\checkmark
Word count 0 of 100		
arriers to Success		
Assuming you receive the necessary financial resources, what are the external obstacles the address them?	nat might prevent you from achieving your anticipate	d results and what are your plans to
		\checkmark
Word count 0 of 180		
	Save & Finish Later Next	

	Organization Information	Goals Results and Indicators of Success	Organizational Development and Context	Financial Information Budget In
		Org	anizational Development and Con	text
Required before final sub	omission			
Organization Contex	t and Role			
* Please name other	organizations in North Carol	lina that work in your field.		
				\checkmark
Word count 0 of 100				
* What is the role yo	our organization plays relativ	e to the roles played by other organizations	working within your field?	\checkmark
				*
Word count 0 of 100				
Challenges				
Challenges	ificant internal challenges fa	cing your organization staff and/or board a	and what your plan is to address them	
	ificant internal challenges fa	cing your organization, staff and/or board a	and what your plan is to address them.	\checkmark
	ificant internal challenges fa	icing your organization, staff and/or board a	and what your plan is to address them.	~
* Please list the sign	ificant internal challenges fa	icing your organization, staff and/or board a	and what your plan is to address them.	✓
	ificant internal challenges fa	icing your organization, staff and/or board a	and what your plan is to address them.	~

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

Word count 0 of 180

Additional Information

 \checkmark

Contact Us

Final Attachment Re Printer Friendly Ve

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Is there anything else you would like the Fo	ndation to know about your organization or project?		\checkmark
Word count 0 of 300			
		Save & Finish Later Next	

Smith Reynolds FOUNDATION						
						Contact Us
eneral Information Organization Information	Goals Results and Indicators	of Success Organizational De	evelopment and Context	Financial Information	Budget Information	Final Attachment
Required before final submission		Financia	l Information			Printer Friendly
ncome Sources						
Please list the five largest sources of incom please provide a) name of source, b) the to purpose of each award (e.g. general operat	otal amount received over two y	ears, c) if more than one grai				
1. Source (Person, Foundation, Agency)	Amount	Purpose				
2.						
3.						
4.						
5.						
otential Funding						
What funds from other sources (whether o	ther foundations, other donors	or internal sources) have bee	n received or are under	consideration for the pr	oiect for the same tim	e
period as this grant request?					-	
1. Source	Amount	Status	Decision Expected			
		Committed •				
2.		Committed •				
2]		
3.		Committed •				
4.						
		Committed •				

Strategic Grant - Project Support_v2

List the total actual operating income and expenses of your organization for the last recent year). If the 990 is not yet available for the most recently completed fiscal ye audited.	three completed fiscal years as shown on IRS Form 990 (with year 1 being the most ear, list the un-audited final income and expenditures and indicate that numbers are un-	
Year 1 - Most Recent Year		
Fiscal Year End Date Were the amounts for year 1 audited? Yes		
Income Amount Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.	Expenses Amount Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.	Difference in incon 0 📓
Year 2		
Fiscal Year End Date Were the amounts for year 2 audited? Yes •		
Income Amount Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.	Expenses Amount Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.	Difference in incon 0 📓
Year 3		
Fiscal Year End Date Were the amounts for year 3 audited? Yes •		
Income Amount Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.	Expenses Amount Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.	Difference in incon 0
Deficit/Surplus Information * Please explain below if your organization has ended any of the past three fiscal years wit	th an operating deficit or a significant surplus.	
(If not applicable, please enter N/A)	✓	
Word count 0 of 150		

Operating Reserve
* Does the organization currently have an operating reserve? Yes •
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? Yes •
If so, what is the current balance of those funds?
Please note any restrictions that apply to the funds.
Word count 0 of 60
Sustainability
* Upon completion of this grant, if awarded, do you intend to return to the Z. Smith Reynolds Foundation for continued funding?
If yes, for approximately how many years?
* How do you plan to suctain your preject at the and of the grant period if a grant is superiod?
* 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.
Word count 0 of 150

Z. Smith Reynolds

General Information	Organization Information	Goals Results and Indicators of Success	Organizational Development and Context	Financial Information	Budget Information	Final Attachment	R€
w			Budget Information			Printer Friendly	y Ve
Required before final sub	mission						
In completing	the following sections	, an example of a budget has be	en provided as a guide. Click HERE	to view.			
		nts as attachments within the ap ments. TIF or JPEG or PNG forma	plication – The recommended forn ts will NOT be accepted.	nat for documents	is pdfs. However,		

Budget Information: Balance Sheets and Income Statements

FOUNDATION

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)

Choose File No file chosen Upload

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 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.

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Strategic Grant - Project Support_v2

BUDGET	CALENDAR YEAR	<u>FISCAL YEAR (ENDING IN</u> 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

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

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

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 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 <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 (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

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
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. 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. 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. Revenues budgeted by line item.
 Expenses budgeted by line item. In a separate column for each year of the project budget, list the following:
 Revenue - Amount requested from ZSR. Expenses - Each line item that ZSR's grant would cover. 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
Budget – Project Budget Year Two Choose File No file chosen Upload

Budget – Project Budget Year Three Choose File No file chosen

Upload

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INSTRUCTIONS TO CREATE FINAL ATTACHMENT (COPY OF APPLICATION)

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

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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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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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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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If another organization is applying on your behalf as a fiscal sponsor, what ZSR staff member gave prior is approval was given sponsor and the sponsor of the crystication 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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7. Once the above screen is open, in "File Name:" name the document, but *do not save the document just yet*.

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8. For the "Save as type", make sure to select "Webpage, HTML only (*.htm;*.html)". If it is not saved in this method, it will not save properly and we will not accept.

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

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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 w accepted.	vill <u>NOT</u> be
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 approval to apply.	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 approximations are server: You must provide that organization is and complete a "Project Support" application. You must provide that organization is responsible for the administration of the grant and for any reporting requirements needed.	
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Name of Organization Exactly as Apparts or your feederal tax-exception certification under Section 501(c)(3) of the IRS Code.	
xyz company	
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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 split 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 organization against the status of t	when your
Date of Incorporation Format 99(99)999	
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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 determination letter. For fe 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_U5_2011_publink1000200126).	urther
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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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Refer to our website at "Review How to upload fin 800-443-8319 for more assistance.	al attachments" for detailed, step-by-sl	tep instructions on how to create the final attachment ((copy of application). or contact the Foundation at
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11. Select the "Update" button.

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the application and click "Submit".	
Refer to our website at "Review How to upload final attachments" for detailed, step-by-step instructions on how to create the final attachment (copy of application), or contact the Foundation at 800-413-8310 for more assistance.	
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12. Select the "Submit" button.

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10. Click Update. 11. Click Submit. Immediately after clicking the submit b	utton, you will receive an email s	tating your application was submi	tted. If you do not receive an email, check you	ır spam or junk email folder. If
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Refer to our website at "Review How to upload final a 800-443-8319 for more assistance.	attachments" for detailed, step-b	y-step instructions on how to crea	te the final attachment (copy of application). o	or contact the Foundation at
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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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Thank You! Your application has been submitted. Within three weeks, you will receive a report or learn more about our sabbatical program. Online submission is required for s	a written notification regarding the status of your application that details the next steps in ou	ur grant cycle process. Please visit our website	e at www.zsr.org if you w	ish to view our annual
report or learn more about our sabbatical program. Online submission is required for s	addatical applications.		Show In	Progress Applications 🗸
Application Name	Project Title	Requested 1D	Last Updated	Action
Strategic Grant - Project Support_v2		58363	04/25/2014	
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Small Grant - Project For Colleges and Universities Small Grant - Project For Colleges and Universities		58372 58375	04/25/2014	
Strategic Grant - Project for Colleges and Universities		58377	04/25/2014	
Small Grant - GOS_v2	For general operating support.	58380	04/25/2014	
Strategic Grant - Project Support_v2		58384	04/25/2014	
Small Grant - Project_v2		58387	04/25/2014	
Strategic Partner - General Operating Support	For general operating support.	58389	04/25/2014	
Strategic Grant - Project Support_v2		58391	04/25/2014	
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Strategic Grant - Project Support_v2

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 Number Format: 99-9999999
10854861
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. Grantees Acceptance Form - Nov 2013 cycle 12.4.13 FINAL.pdf
Date of Incorporation
Format: 99/99/9999
12/31/1988
State of Incorporation
North Carolina
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).
Pending

If your organization is a section 509(a)(3) supporting organization, select the type.							
Office Mailing Addr	ess						
123 Anywhere Street							
City	State	Zip Code					
Winston Salem	NC	27101					
County in which yo	ur primary	headquarters is located					
FORSYTH							
Website							
xyz@yahoo.com							
Telephone							
Format: 999-999-9999							
999-999-999							
Fax							
Format: 999-999-9999							
999-999-999							

Organization Primary Contact: Provide information for the chief executive of the organization. (aka executive director)													
Prefix Mr.	First Nar Jacob	ne	Middle Nan	ıe	Last Name Doe		Suffix < None>						
Title Executive Director													
Address	Address												
123 Anywhere Street													
City		State	Zip Co	de									
Winston Sa	alem	NC	27101										
Phone		Ext	ension	Cell F	hone								
Format: 999- 336123450		101			: 999-999-9999 374123								
Office Fax		E-mail											
Format: 999-999-9999 xyzcorp@gmail.com													
Race/Ethn	icity												
Hispanic/L	atino.												

L

	Organization F	rimary Con	tact				
No							
Prefix Miss	First Name Mary	Middle N	lame	Last Name Doe	Suffix < None>		
Title							
Intern Su	upervisor						
Office Ma	ailing Address						
123 Anyv	where Street						
Office Cit Winston		ce State	Office 27101	Zip Code			
Telephon Format: 999 3361234	9-999-9999	Cell Phone Format: 999-99 336687412					
Office Fa Format: 999		E-mail xyz1corp@ç	gmail.cor	n			
Organiza	tion Primary O	ffice Inform	ation				
	,						
	organization's the informat				fferent from you	ur physical add	iress, please
Physical	Street Address where Street						
123 Anyv		te Zip	Code				

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.) Democracy
Disconsistent and an institute and an institute Final Man Field Date

Please enter a short project title. Going for the Gold project Organization's Fiscal Year End Date Format: 99/99/9999 06/30/2015

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	
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 reque Year 2 box and 0 in Year 3 box. Then "Enter the total amount being reque	
If you entered 18 or 24 months in Length of Grant above, enter amount re enter amount requested in Year 2 box, and 0 in Year 3 box. Then in "Ente requested" indicate the amount being requested in both years.	
If you entered 30 or 36 months in Length of Grant above, enter amount re enter amount requested in Year 2 box, and enter amount requested in Ye the total amount being requested" indicate the amount being requested	ar 3 box. Then in "Enter
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. 35000	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 commas, dollar signs or other non numeric character. 110000	r the total amount WITHOUT any
Geographic area in which work will take place MULTI-COUNTY	
Please select the county or counties in which your organization will work FORSYTH STOKES SURRY YADKIN	

Part-time Full-time 10 5

Total: 15.00

Gender									
Male 7	Female 3	Other 5	Total:						
	Race/ Ethnicity Do not use decimals. Put 0 if not applicable.								
White/Ca	aucasian (No	on Latino/His	spanic)	Black/African Am	erican (Non Latino/	Hispanic)	Latino/Hispanic		
2			- [2		-)	2		
Americar	n Indian or A	Maska Nativ	e Asiar	n/Asian American	Multi-Racial	Other Race/	Ethnicity		
2			2		2	3	Total:		
							15		

Board In	Board Information: Please enter a number between 0 and 9,999.									
Gender										
Males 6	Females 8	Other 1	Total:	8						
Race/ El Do not i	hnicity use decimals	. Put 0 if no	ot applie	cable.						
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or ethn		ed below so	o that th	erical value (Wh ne total equals cable.						
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	n Indian or Ala	aska Native		n/Asian Americar	۱	Multi-Ra	cial	Other Rac	e/Ethnicit	
1			1			1		2		Total:

If the racial and/or gender make up of your organization's Board is not representative of the demographics in	۱
the area served, please explain if and how the organization plans to address this circumstance.	
(If not applicable, please enter N/A)	
N/A	

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;

Grant Award Notification Nov 2013 Final 12_VER_1.PDF

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_VER_2.PDF

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 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

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

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

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									
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) Good Vibes Homes	Amount 25000	Purpose Settlement							
2. Top Notch Dog 15000 Donation									
3.									
4.									

5.

Potential Funding							
				Indations, other donors or inter project for the same time period			
1. Source Flight Zone 2. 3. 4.	Testing Committed Committed Committed	Amount 25000	Status Somewhat likely	Decision Expected 07/01/2015			
Actual Inco	me and Expe	enses					
completed 990 is not	d fiscal year yet availat	rs as shown	n on IRS Form 990	es of your organization for the la (with year 1 being the most re pleted fiscal year, list the un-au n-audited.	cent year). If the		
Year 1 - M	ost Recent	Year					
Fiscal Year 06/30/2013		Were the No	amounts for year 1	audited?			
Income Am Please enter th character. 58000		as a positive nu	mber WITHOUT any comm	as, dollar signs or other non numeric	Expenses Amount Please enter the total amount as positive number WITHOUT any commas, dollar signs or other non numeric character. 41000		
Difference i	n income an	davnancac					

FINAL ATTACHMENT -Strategic Grant - Project Support_v2.htm[11/13/2014 12:50:57 PM]

17000

?

Strategic Grant - Project Support_v2

Year 2		
Fiscal Year End Date 06/30/2012	Were the amounts for year 2 audited? Yes	
Income Amount Please enter the total amount as character. 48500	s a positive number WITHOUT any commas, dollar signs or other non numeric	
Expenses Amount Please enter the total am character. 42300	ount as a positive number WITHOUT any commas, dollar signs or other non numeric	Difference in income and expenses 6200
Year 3		
Fiscal Year End Date 06/30/2011	Were the amounts for year 3 audited? No	
Income Amount		
	s a positive number WITHOUT any commas, dollar signs or other non numeric	
Expenses Amount		
Please enter the total am character. 39480	ount as a positive number WITHOUT any commas, dollar signs or other non numeric	Difference in income and expenses -730

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)

One of the sources went bankrupt.

Operating Reserve

Does the organization currently have an operating reserve?

Yes

If so, what is its amount? 15000 How many months of operating support does that amount represent? 3

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.

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? 3

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

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 Information: Balance Sheets and Income Statements

For the Budget - Balance Sheets and Income Statements only, please upload a <u>single</u> 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

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 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.

BUDGET	CALENDAR YEAR	FISCAL YEAR (ENDING IN JUNE)	FISCAL YEAR (ENDINGIN SEPTEMBER)
PRI OR 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
		7/1/15-	

Strategic Grant - Project Support_v2

NEXT YEAR 1 BUDGET	2016	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

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 Fiscal 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. BUDGET EXAMPLES Prior Year Budget 12.6.13.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 Fiscal 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> <u>following</u>:

- 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 <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 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</u> <u>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 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