

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 re-load. If you are asked to insert any numbers, please insert whole numbers only - no decimals.
- **Do not submit any information to documents@zsr.org (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 NOT 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.

-Select One- ▼

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.)

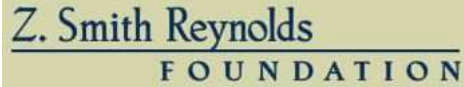
- **Progress Reports – A progress report is not required at time of submission.** If a progress report is needed - **After** the application has been submitted, we will provide a progress report(s) in your online account and notify you via email when the form is available and when to submit.
- **Interim Reports – These reports are 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- ▼

Next



General Information

[Printer Friendly Ve](#)

* Required 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: 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.

<Select One> ▼

* 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.

Choose File No file chosen

Upload

* Date of Incorporation

Format: 99/99/9999

12/31/1944

* 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).

509(a)(1) ▼

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

<None> ▼

* Office Mailing Address

123 Anywhere Street

* City

Winston Salem

* State

NC ▼

* Zip Code

27101

* County in which your 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 Name

Jacob

Middle Name

* Last Name

Doe

Suffix

<None> ▼

* Title ⓘ

Executive Director

* Address

123 Anywhere Street

* City

Winston Salem

* State

NC ▼

* Zip Code

27101

* Phone

Format: 999-999-9999

3361234567

Extension

101

* Cell Phone

Format: 999-999-9999

3366874123

Office Fax

Format: 999-999-9999

* E-mail

xyzcorp@gmail.com

* Race/Ethnicity

White/Caucasian ▼

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

Same as Organization Primary Contact

* Prefix * First Name Middle Name * Last Name Suffix

* Title

* Office Mailing Address

* Office City * Office State * Office Zip Code

* Telephone Format: 999-999-9999

* Cell Phone Format: 999-999-9999

Office Fax Format: 999-999-9999

* E-mail

Organization Primary Office Information

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

Physical Street Address

City State Zip Code

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.)

* Please enter a short project title.

* Organization's Fiscal Year End Date Format: 99/99/9999 

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

[Empty text box for project description]



Word count 0 of 150

Period for which funds are requested:

* Length of Grant:

<Select One> [dropdown arrow]

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.

[Empty input box for Year 1 amount]

* 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.

[Empty input box for Year 2 amount]

* 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.

[Empty input box for Year 3 amount]

* 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.

[Empty input box for total amount]

* Geographic area in which work will take place

<Select One> [dropdown arrow]

* Please select the county or counties in which your organization will work

- All of North Carolina
- ALAMANCE
- ALEXANDER
- ALLEGHANY
- ANSON
- ASHE
- AVERY

- BEAUFORT
- BERTIE
- BLADEN
- BRUNSWICK
- 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
- IREDELL
- JACKSON
- JOHNSTON
- JONES

- LEE
- LENOIR
- LINCOLN
- MACON
- MADISON
- MARTIN

- MCDOWELL
- MECKLENBURG
- 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
- STOKES
- SURRY

- SWAIN
- TRANSYLVANIA
- TYRRELL
- UNION

- VANCE
- WAKE
- WARREN
- WASHINGTON
- WATAUGA
- WAYNE
- WILKES

- WILSON
- YADKIN
- YANCEY

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

* Part-time * Full-time **Total:** 0.00

Gender

* Male * Female * Other **Total:** 0

Race/Ethnicity

Do not use decimals. Put 0 if not applicable.

* White/Caucasian (Non Latino/Hispanic) * Black/African American (Non Latino/Hispanic) * Latino/Hispanic
 * American Indian or Alaska Native * Asian/Asian American * Multi-Racial * Other Race/Ethnicity **Total:** 0

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

Gender

* Males * Females * Other **Total:** 0

Race/Ethnicity

Do not use decimals. Put 0 if not applicable.

* White/Caucasian (Non Latino/Hispanic) * Black/African American (Non Latino/Hispanic) * Latino/Hispanic
 * American Indian or Alaska Native * Asian/Asian American * Multi-Racial * Other Race/Ethnicity **Total:** 0

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

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

* White/Caucasian (Non Latino/Hispanic) * Black/African American * Latino/Hispanic

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

* American Indian or Alaska Native

* Asian/Asian American

* Multi-Racial

* Other Race/Ethnicity

Total:

Must total to 100

0% 

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

(If not applicable, please enter N/A)



Word count 0 of 150

* 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;

No file chosen

Board Information - Selection of Members

Please upload one document that contains the following information:

5. Brief explanation of how board members are selected.

No file chosen

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.



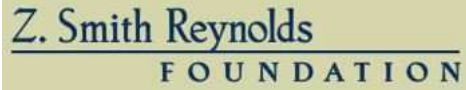
Word count 0 of 150

***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 ▾

Save & Finish Later

Next



Organization Information

* Required before final submission

Organization Mission

* Please state your organization's mission.



Word count 0 of 80

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



Word count 0 of 250

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.



Word count 0 of 225

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?



Word count 0 of 175



Goals Results and Indicators of Success

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* Required before final submission

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.



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?



Word count 0 of 240

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.



Word count 0 of 240

Methods and Strategies

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



Word count 0 of 180

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.

Word count 0 of 150



Collaboration

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

Word count 0 of 100



Barriers to Success

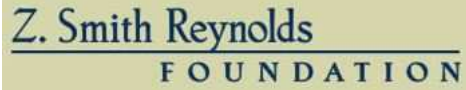
* Assuming you receive the necessary financial resources, what are the external obstacles that might prevent you from achieving your anticipated results and what are your plans to address them?

Word count 0 of 180



Save & Finish Later

Next



Organizational Development and Context

* Required before final submission

Organization Context and Role

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



Word count 0 of 100

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



Word count 0 of 100

Challenges

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



Word count 0 of 180

Priorities

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



Word count 0 of 180

Additional Information

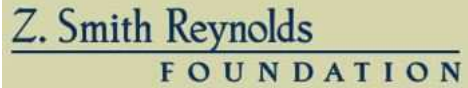
Is there anything else you would like the Foundation to know about your organization or project?



Word count 0 of 300

Save & Finish Later

Next



Financial Information

* Required before final submission

Income Sources

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

1. Source (Person, Foundation, Agency)	Amount	Purpose
<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>

Potential Funding

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

1. Source	Amount	Status	Decision Expected
<input type="text"/>	<input type="text"/>	Committed ▼	<input type="text"/>
2.	<input type="text"/>	Committed ▼	<input type="text"/>
3.	<input type="text"/>	Committed ▼	<input type="text"/>
4.	<input type="text"/>	Committed ▼	<input type="text"/>

Actual Income and Expenses

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

Year 1 - Most Recent Year

Fiscal Year End Date

Were the amounts for year 1 audited?

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 income

0

Year 2

Fiscal Year End Date

Were the amounts for year 2 audited?

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 income

0

Year 3

Fiscal Year End Date

Were the amounts for year 3 audited?

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 income

0

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)



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 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

Budget Information

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* Required before final submission

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

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

Budget Information: Balance Sheets and Income Statements

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

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

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

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

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

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.

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

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 12 months in Length of Grant, we need a budget for just NEXT YEAR ONE.
- In the General Information section of this application, if you selected 18 or 24 months in Length of Grant, we need a budget for NEXT YEAR ONE and NEXT YEAR TWO (uploaded separately). (Please refer to the chart above in yellow.)
- In the General Information section of this application, if you selected 30 or 36 months in Length of Grant, we need a budget for NEXT YEAR ONE, NEXT YEAR TWO, and NEXT YEAR THREE (uploaded separately). (Please refer to the chart above in yellow.)
- If the Length of Grant covers 6 months into another year, include that budget for the entire year.
- Revenues budgeted by line item.
- Expenses budgeted by line item.
- If your organization is an out-of-state organization, we need the NC next year's budget or years' budgets.

Budget - Next Year One

Choose File No file chosen

Upload

Budget - Next Year Two

Choose File No file chosen

Upload

Budget - Next Year Three

 No file chosen

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 upload each year's project budget separately.

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 12 months in Length of Grant, we need a budget for PROJECT BUDGET 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 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 30 or 36 months in Length of Grant, 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

 No file chosen

Budget - Project Budget Year Two

 No file chosen

Budget – Project Budget Year Three

No file chosen

Final Attachment

[Printer Friendly Ve](#)

* Required before final submission

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

No file chosen

INSTRUCTIONS TO CREATE FINAL ATTACHMENT (COPY OF APPLICATION)

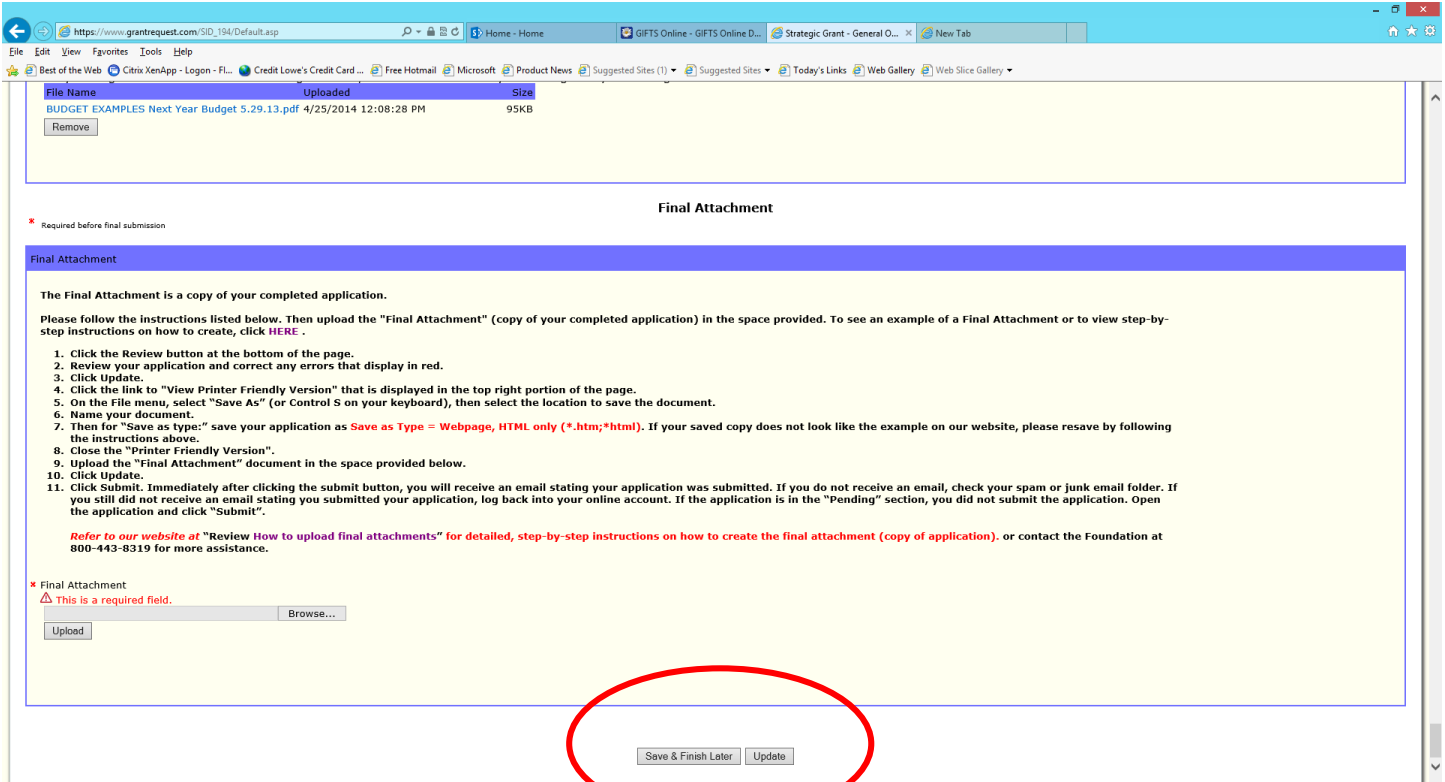
1. Click the "Review" button at the bottom of the page.

The screenshot shows the Z. Smith Reynolds Foundation website. The navigation bar includes: General Information, Organization Information, Goals Results and Indicators of Success, Organizational Development and Context, Financial Information, Budget Information, Final Attachment, and Review My Application. The 'Final Attachment' section is active. It contains instructions for uploading a copy of the completed application. At the bottom of the page, the 'Review' button is circled in red.

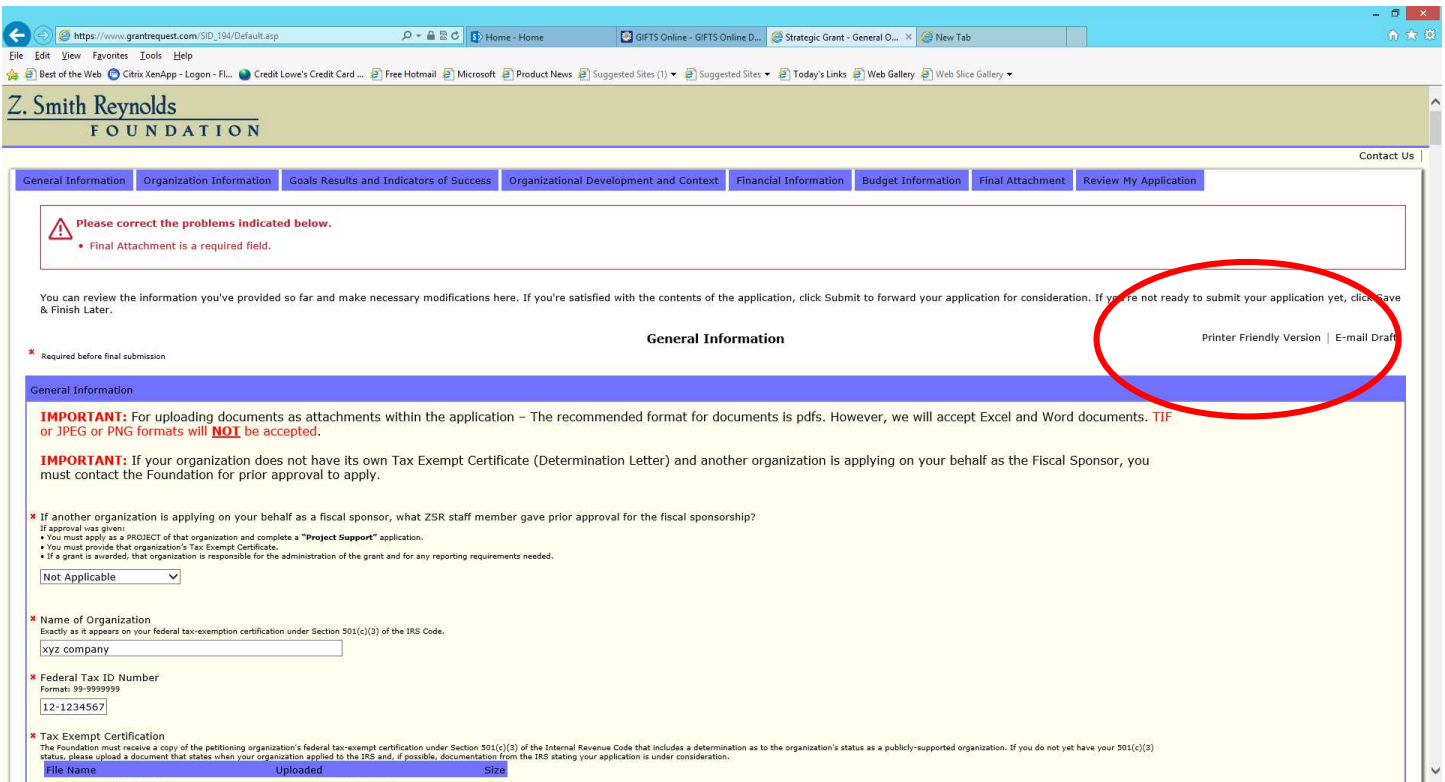
2. After clicking the "Review" button, if there are any errors, they will be indicated at the beginning of the application. Scroll through the application for the errors and correct.

The screenshot shows the Z. Smith Reynolds Foundation website. The navigation bar includes: General Information, Organization Information, Goals Results and Indicators of Success, Organizational Development and Context, Financial Information, Budget Information, Final Attachment, and Review My Application. The 'General Information' section is active. A red circle highlights the error messages at the top of the page, which state: "Please correct the problems indicated below." The errors listed are: "Request Primary Contact Title is a required field.", "Request Primary Contact Office Zip Code is a required field.", and "Final Attachment is a required field." Below the error messages, there is a section for "General Information" with various fields for input, such as "Name of Organization", "Federal Tax ID Number", and "Tax Exempt Certification".

3. Scroll to the bottom of the application. Select the "Update" button. (Note that the Final Attachment field will still be blank.)



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



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.

Strategic Grant - General Operating 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 NOT be accepted.**

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

If another organization is applying on your behalf as a fiscal sponsor, what ZSR staff member gave prior approval for the fiscal sponsorship?

If approval was given:

- You must apply as a PROJECT of that organization and complete a "Project Support" application.
- You must provide that organization's Tax Exempt Certificate.
- If a grant is awarded, that organization is responsible for the administration of the grant and for any reporting requirements needed.

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 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.
[Form - Matching Gifts.doc](#)

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 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 **Public Charities** (http://www.irs.gov/publications/p557/ch03.html#en_US_2011_publink1000200126).

509(a)(1)

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

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.

Save Webpage

Navigation: << FINANCIAL 2014 >> ROLL FORWARD ANALYSIS 2014 >> March 2014

Search: Search March 2014

Organize > New folder

Name Date modified Type Size

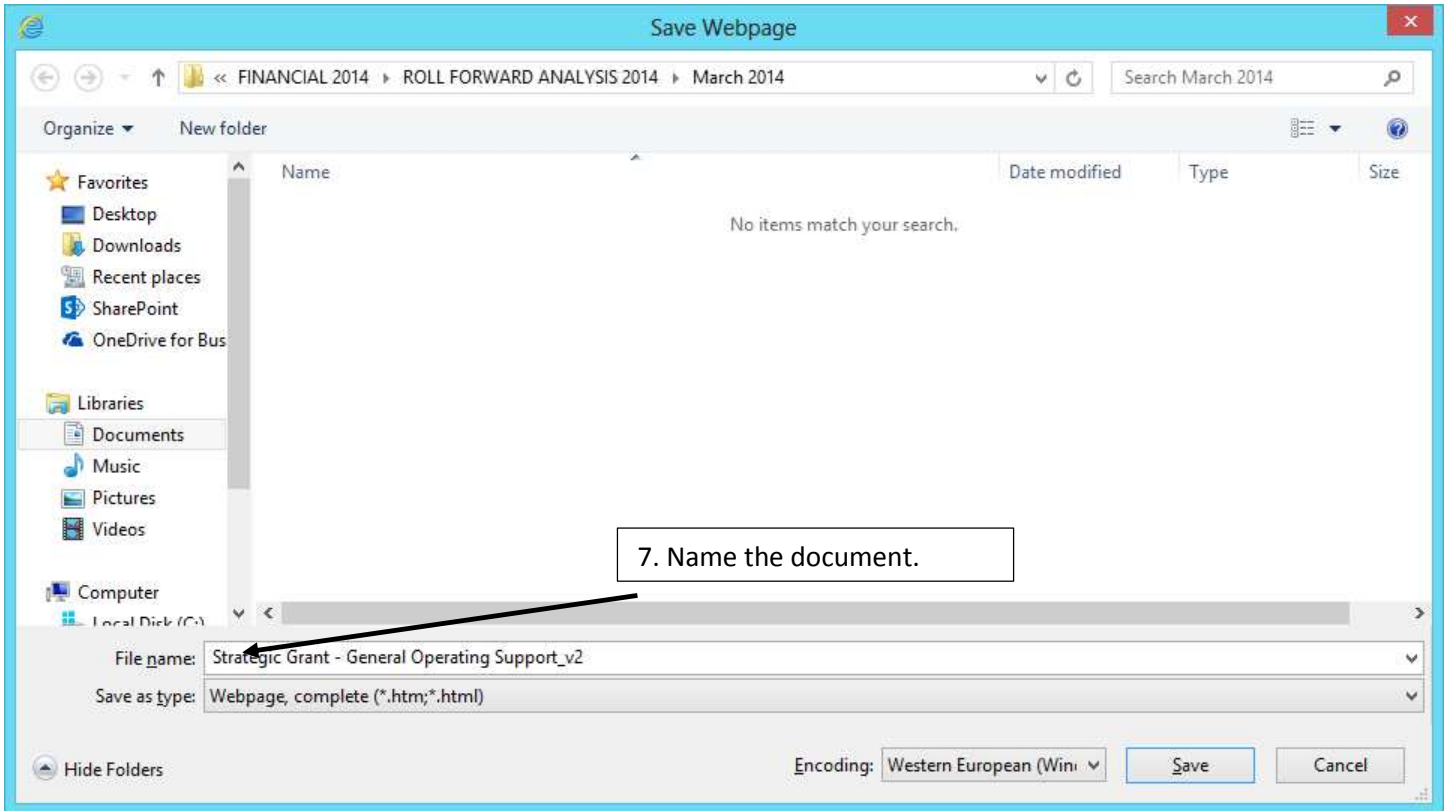
No items match your search.

File name: Strategic Grant - General Operating Support_v2

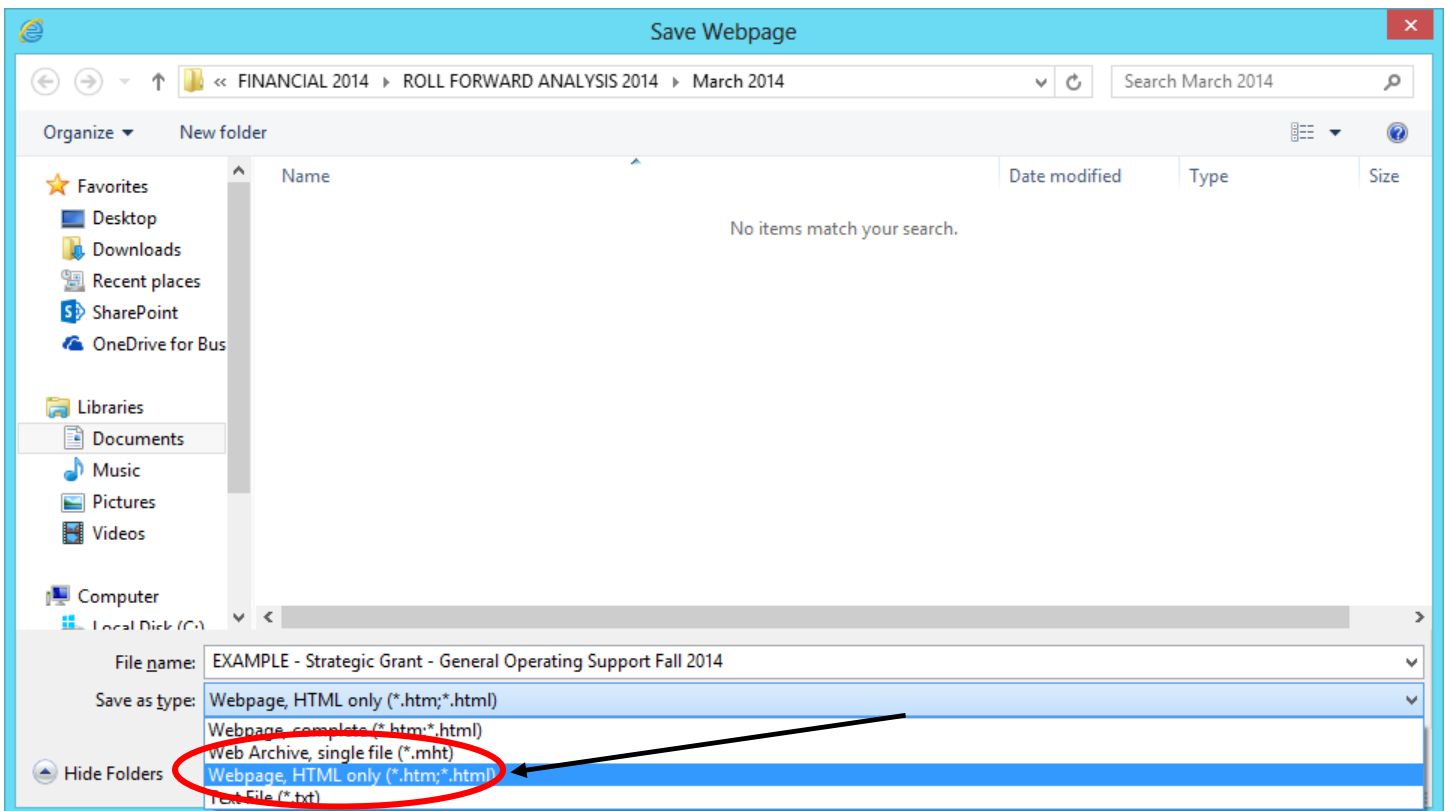
Save as type: Webpage, complete (*.htm;*.html)

Encoding: Western European (Win... Save Cancel

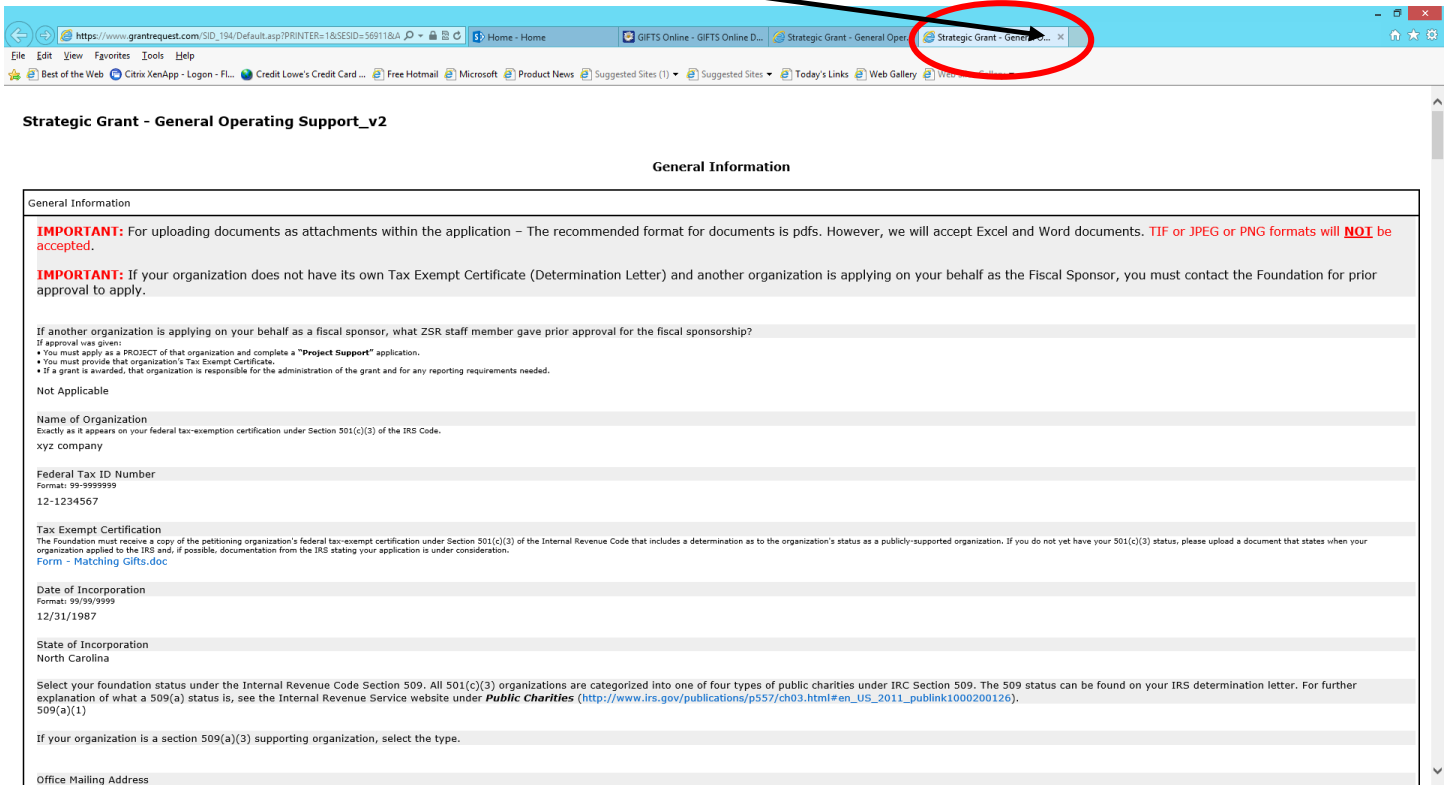
7. Once the above screen is open, in “File Name:” name the document, but **do not save the document just yet.**



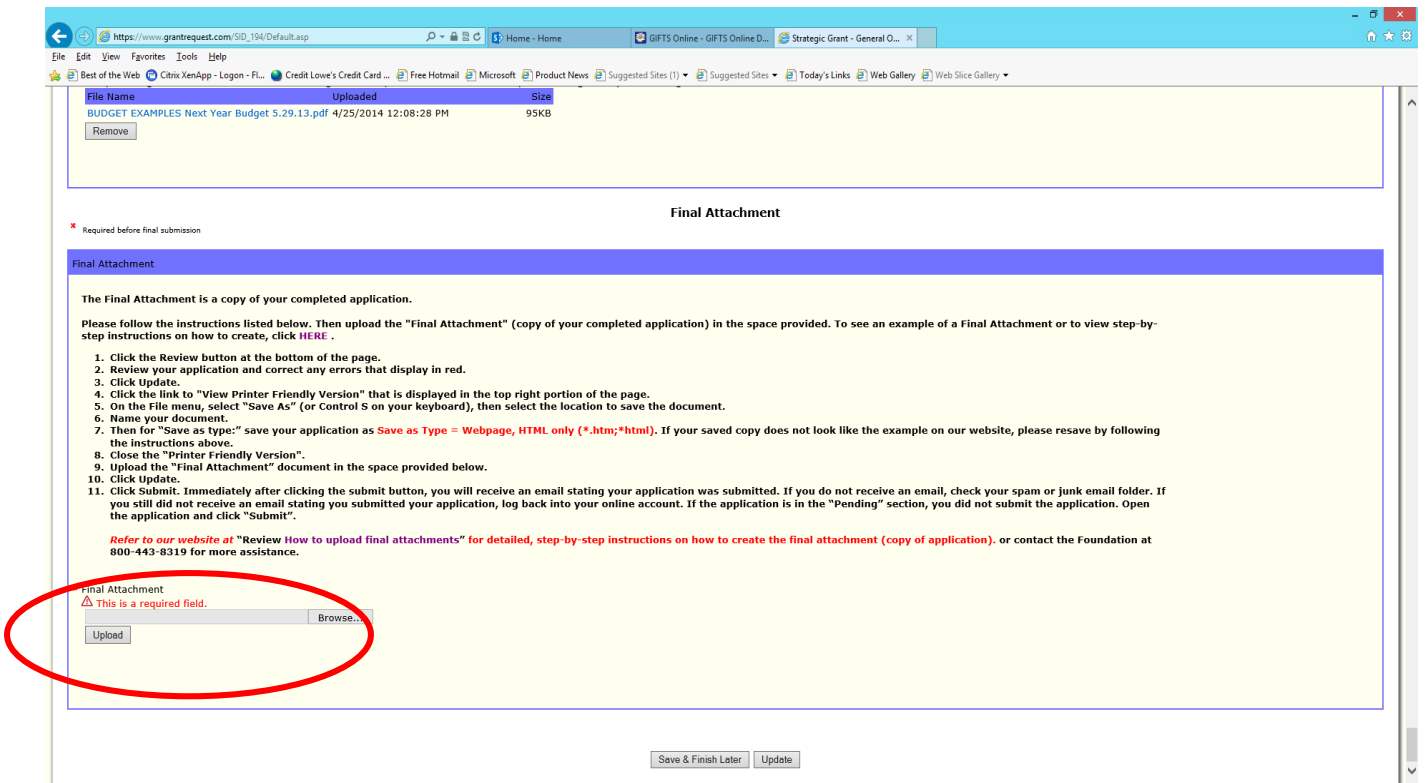
8. For the “Save as type”, make sure to select **“Webpage, HTML only (*.htm;*.html)”**. If it is not saved in this method, it will not save properly and we will not accept.



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



10. Scroll to the bottom of the application to upload the Final Attachment (copy of the application you just saved).



11. Select the "Update" button.

The screenshot shows a web browser window with the URL https://www.grantrequest.com/SID_194/Default.asp. The page displays a table of uploaded files:

File Name	Uploaded	Size
BUDGET EXAMPLES Next Year Budget 5.29.13.pdf	4/25/2014 12:08:28 PM	95KB

Below the table is a "Final Attachment" section with instructions. At the bottom of the page, the "Update" button is circled in red.

Final Attachment

* Required before final submission

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

* Final Attachment

Upload

Save & Finish Later Update

12. Select the "Submit" button.

The screenshot shows the same web browser window as above. The "Final Attachment" section now displays a table of uploaded files:

File Name	Uploaded	Size
EXAMPLE - Strategic Grant - General Operating Support Fall 2014.htm	4/25/2014 1:00:29 PM	195KB

At the bottom of the page, the "Submit" button is circled in red.

Final Attachment

* Required before final submission

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 or to view step-by-step instructions on how to create, 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.
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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.
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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 800-443-8319 for more assistance.

* Final Attachment

Upload

Save & Finish Later Submit

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.**

The screenshot shows the Z. Smith Reynolds Foundation website. The user is logged in as 'gloriap@zsr.org'. The 'Applications' tab is active, displaying a table of submitted applications. A red message at the top states: 'Thank You! Your application has been submitted. Within three weeks, you will receive a written notification regarding the status of your application that details the next steps in our grant cycle process. Please visit our website at www.zsr.org if you wish to view our annual report or learn more about our sabbatical program. Online submission is required for sabbatical applications.'

Application Name	Project Title	Requested	ID	Last Updated	Action
Strategic Grant - Project Support_v2			58363	04/25/2014	[Trash] [Refresh]
Strategic Grant - Project Support For Colleges and Universities			58365	04/25/2014	[Trash] [Refresh]
Strategic Grant - Project Support For Colleges and Universities			58367	04/25/2014	[Trash] [Refresh]
Small Grant - Project_v2			58369	04/25/2014	[Trash] [Refresh]
Small Grant - Project For Colleges and Universities			58372	04/25/2014	[Trash] [Refresh]
Small Grant - Project For Colleges and Universities			58375	04/25/2014	[Trash] [Refresh]
Strategic Grant - Project Support For Colleges and Universities			58377	04/25/2014	[Trash] [Refresh]
Small Grant - GOS_v2	For general operating support.		58380	04/25/2014	[Trash] [Refresh]
Strategic Grant - Project Support_v2			58384	04/25/2014	[Trash] [Refresh]
Small Grant - Project_v2			58387	04/25/2014	[Trash] [Refresh]
Strategic Partner - General Operating Support	For general operating support.		58389	04/25/2014	[Trash] [Refresh]
Strategic Grant - Project Support_v2			58391	04/25/2014	[Trash] [Refresh]

The screenshot shows an Outlook email titled 'Your Application Submission - Message (HTML)' from Gloria Puckett <mail@grantapplication.com>. The email content includes:

Thank you for your submission. Your application has been submitted successfully, and the tracking number is 58383. You will be receiving more information on the status of your application within two to three weeks after the grant application deadline. If you have not received additional information within this time period, please contact the Foundation at (800) 443-8319 or 336-725-7541. For your records, here is a copy of the contents of your application.

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 NOT be accepted.**

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

If another organization is applying on your behalf as a fiscal sponsor, what ZSR staff member gave prior approval for the fiscal sponsorship?

If approval was given:

- You must apply as a PROJECT of that organization and complete a "Project Support" application.
- You must provide that organization's Tax Exempt Certificate.
- If a grant is awarded, that organization is responsible for the administration of the grant and for any reporting requirements needed.

Not Applicable

Name of Organization

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

14. EXAMPLE OF FINAL ATTACHMENT – COPY OF APPLICATION (LISTED ON THE FOLLOWING PAGES)

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 NOT be accepted.**

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

If another organization is applying on your behalf as a fiscal sponsor, what **ZSR staff member gave prior approval for the fiscal sponsorship?**

If approval was given:

- You must apply as a PROJECT of that organization and complete a “**Project Support**” application.
- You must provide that organization’s Tax Exempt Certificate.
- If a grant is awarded, that organization is responsible for the administration of the grant and for any reporting requirements needed.

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 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

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	First Name	Middle Name	Last Name	Suffix
Mr.	Jacob		Doe	<None>

Title

Executive Director

Address

123 Anywhere Street

City	State	Zip Code
Winston Salem	NC	27101

Phone	Extension	Cell Phone
Format: 999-999-9999	101	Format: 999-999-9999
3361234567		3366874123

Office Fax	E-mail
Format: 999-999-9999	xyzcorp@gmail.com

Race/Ethnicity

Hispanic/Latino

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

Same as Organization Primary Contact

No

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

Title
Intern Supervisor

Office Mailing Address
123 Anywhere Street

Office City	Office State	Office Zip Code
Winston Salem	NC	27101

Telephone	Cell Phone
Format: 999-999-9999 3361234567	Format: 999-999-9999 3366874124

Office Fax	E-mail
Format: 999-999-9999	xyz1corp@gmail.com

Organization Primary Office Information

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.)

Democracy

Please enter a short project title.	Organization's Fiscal Year End Date
Going for the Gold project	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 requested in Year 1 box, 0 in Year 2 box and 0 in Year 3 box. Then "Enter the total amount being requested."

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

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

Year 1

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

75000

Year 2

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

Please enter "0" if you are not requesting funding in Year 2.

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 the total amount WITHOUT any commas, dollar signs or other non numeric character.

110000

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

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

Part-time

10

Full-time

5

Total:

15.00



Gender

Male	Female	Other	Total:
7	3	5	15 <input type="text" value="15"/>

Race/ Ethnicity

Do not use decimals. Put 0 if not applicable.

White/Caucasian (Non Latino/Hispanic)	Black/African American (Non Latino/Hispanic)	Latino/Hispanic		
2	2	2		
American Indian or Alaska Native	Asian/Asian American	Multi-Racial	Other Race/Ethnicity	Total:
2	2	2	3	15
				<input type="text" value="15"/>

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

Gender

Males	Females	Other	Total:
6	8	1	15 <input type="text" value="15"/>

Race/ Ethnicity

Do not use decimals. Put 0 if not applicable.

White/Caucasian (Non Latino/Hispanic)	Black/African American (Non Latino/Hispanic)	Latino/Hispanic		
3	3	3		
American Indian or Alaska Native	Asian/Asian American	Multi-Racial	Other Race/Ethnicity	Total:
3	1	1	1	15
				<input type="text" value="15"/>

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

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

White/Caucasian (Non Latino/Hispanic)	Black/African American	Latino/Hispanic		
75	15	5		
American Indian or Alaska Native	Asian/Asian American	Multi-Racial	Other Race/Ethnicity	Total:
1	1	1	2	

Must total
to 100
100%



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

(If not applicable, please enter N/A)

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

5.

Potential Funding

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


1. Source	Amount	Status	Decision Expected
Flight Zone Testing	25000	Somewhat likely	07/01/2015
2.		Committed	
3.		Committed	
4.		Committed	

Actual Income and Expenses

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

Year 1 - Most Recent Year

Fiscal Year End Date	Were the amounts for year 1 audited?
06/30/2013	No

<p>Income Amount</p> <p>Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.</p> <p>58000</p>	<p>Expenses Amount</p> <p>Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.</p> <p>41000</p>
<p>Difference in income and expenses</p> <p>17000 </p>	

Year 2

Fiscal Year End Date Were the amounts for year 2 audited?
 06/30/2012 Yes

Income Amount

Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.
 48500

Expenses Amount

Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.
 42300

Difference in
 income and
 expenses

6200

Year 3

Fiscal Year End Date Were the amounts for year 3 audited?
 06/30/2011 No

Income Amount

Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.
 38750

Expenses Amount

Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.
 39480

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?	How many months of operating support does that amount represent?
15000	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 NOT 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.

<u>BUDGET</u>	<u>CALENDAR YEAR</u>	<u>FISCAL YEAR (ENDING IN JUNE)</u>	<u>FISCAL YEAR (ENDING IN SEPTEMBER)</u>
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
-----	-----	-----	-----
		7/ 1/ 15-	

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 **in a single document, it must include the following:**

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

[BUDGET EXAMPLES Prior Year Budget 12.6.13.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 **in single document, it must include the following:**

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

[BUDGET EXAMPLES Current Year Budget 12.6.13.pdf](#)

Budget Information: **Next** Year

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

Budget - Next Year

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

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

Budget - Next Year One

[BUDGET EXAMPLES Next Year Budget 12.6.13.pdf](#)

Budget - Next Year Two

[BUDGET EXAMPLES Next Year Budget 12_VER_1.PDF](#)

Budget - Next Year Three

Budget Information: Project Budget

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

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

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 12 months in Length of Grant, we need a budget for PROJECT BUDGET 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 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 30 or 36 months in Length of Grant, 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

[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