SAMPLE APPLICATION PDF - Strategic Grant Partner Support

IMPORTANT: Below are a series of questions that will be asked before beginning the application. Make sure to read each one carefully.

Eligibility Assessment

Will you be applying for a grant in the Strengthening Democracy focus area for more than \$35,000 for any 12-month period?

-Select One-

-Select One-

Yes - STOP HERE-Please contact the Foundation at 800-443-8319 for further assistance. Refer to www.zsr.org/focus/strengthening-democracy for more information.

No - Continue the Eligibility Assessment

Yes - I have been given explicit permission by the Foundation's Strengthening Democracy Program Officer to apply for a grant in the Strengthening Democracy focus area for more than \$35,000 for any 12-month period.

Eligibility Assessment	
Will you be requesting more than \$35,000 for any 12 month period? -Select One- Yes No	

Eligibi	lity Assessment
Is your organization a 501(c)3 and in good standing	g with the IRS? Or
Do you have a pending application with the IRS for	501(c)3 status? Or
Is your organization a PUBLIC SCHOOL, COLLEGE/U	NIVERSITY, GOVERNMENTAL UNIT, or RELIGIOUS ENTITY?
-Select One-	v
-Select One-	
501(c)3 and in good standing with the IRS Pending Application for 501(c)3 status	
Public School, College/University, Governmental Ur None of the Above	iit, or Religious Entity

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 required on multi-year Strategic Grants only.</u> (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.



Eligibility Assessment	
 Will your funds be used for a specific project or for general operating support? A project support application must be completed when a project is earmarked for a particular activity or project within an organization. A general operating support application must be completed if general operating support provides unrestricted funds for the organization's overall budget. Select One- 	
-Select One- Specific Project General Operating 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 <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.



						Cont
General Information	2 Abstract	3 Application Narrative	4 Financial Information	5 Budget Information	6 Final Attachment	Review My Application
Required before final subm	nission		General Informatio	n	Printer Friend	ly Version E-mail Dr
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 You must provide that org 	ganization's Tax Exempt Certificate.	te a "Project Support" application. dministration of the grant and for any	reporting requirements needed.			
You must apply as a PROJ You must provide that org- If a grant is awarded, that <select one=""> Name of Organizatio Exactly as it appears on you</select>	ganization's Tax Exempt Certificate. t organization is responsible for the a					
• You must apply as a PROJ • You must provide that org- If a grant is awarded, that <select one=""> Name of Organization Exactly as it appears on you XYZ Corp Federal Tax ID Numl</select>	ganization's Tax Exempt Certificate. t organization is responsible for the a	dministration of the grant and for any				
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You must apply as a PROJ You must provide that org If a grant is awarded, that Select One> Name of Organizatic Exactly as it appears on you XYZ Corp Federal Tax ID Numl Format: 99-999999 11-1111111 Tax Exempt Certifica The Foundation must receiv organization's status as a p	ganization's Tax Exempt Certificate. t organization is responsible for the a ur federal tax-exemption certification ber ber ation we a copy of the petitioning organizat publicly-supported organization. If you om the IRS stating your application is	dministration of the grant and for any under Section 501(c)(3) of the IRS C ion's federal tax-exempt certification i u do not yet have your 501(c)(3) stat	ode. under Section 501(c)(3) of the Internal Re			

State Listed on IRS Letter From your federal tax-exempt certification (IRS Determination Letter), please select the state listed in your address portion of the letter. NOTE: Do not list the state from the address of the IRS or Department of the Treasury.) <select one=""></select>
* Date of Incorporation Format: 99/99/9999
1/1/1936
Select your foundation status under the Internal Revenue Code Section 509. All 501(c)(3) organizations are categorized into one of four types of public charities under 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. <none></none>
* Organization's Office Mailing Address
123 Anywhere Street
* City* State* Zip CodeWinston SalemNC27101
 County in which your organization's primary headquarters is located. (If your primary headquarters is not located in North Carolina, select "Outside North Carolina". FORSYTH
Website
www.xyz.org
* Telephone Fax Format: 999-9999 Format: 999-9999 336-123-4567 Format: 999-9999
ORGANIZATION'S PRIMARY CONTACT: Provide information for the chief executive of the organization. (aka executive director)
Y Prefix First Name Middle Name Middle Name X Last Name Suffix
Miss Jane Doe <none></none>
× Title 🛐
Executive
* Address
123 Anywhere Street

* City	*	State	× Zip Cod	le		
Winston Salem		NC	27101			
Phone Format: 999-999-9999	Extension 1234	* Cell Phone Format: 999-999				
336-987-6543		336-987-654	13			
Office Fax Format: 999-999-9999 336-9876533	* E-mail jane@xyz	.org				
Race/Ethnicity						
Asian/Asian Americ	can					
General Request Info PRIMARY CONTAC this application sh	T FOR THIS R	EQUEST: Please p	provide the f	following information for the	person to whom all communication regarding	
Prefix	× First Name		liddle Name	* Last Name	Suffix	
Mr.	John		liddle Name	Doe	<none></none>	
Title (Ex.: President, Executive	Director)					
Grant Manager						
Primary Contact's C 538 Toms Grove La		ddress				
Office City		* Office S	State	* Office Zip Code		
Newton		NC		28647		
Telephone Format: 999-999-9999 252-123-4567	* Cell Phone Format: 999- 252-654-3	999-9999				
Office Fax Format: 999-999-9999	* E-mail john@xyz	org				
NORTH CAROLINA	PRIMARY OFF	ICE INFORMATIO	ON			
If your organization	on does not ha	ave an NC office,	under "Cour	nty", select "OUTSIDE NORTH	CAROLINA".	
County Work Locati	on					

<select one=""></select>	
Physical Street Address	
City State 2	Zip Code
Application Information	
Which of the following best describes the focus of your propos. (Note: It is not necessary to contact the Foundation with questions regarding this fiel <select one=""></select>	al? ld; simply select the best fit. This information will not negatively affect your grant request.)
Organization's Fiscal Year End Date Format: 99/99/9999	
Period for which funds are requested:	
Length of Grant: <select one=""></select>	
Start Date 11/30/2015	
Please state the requested amount per year for each year If you entered 12 months in "Length of Grant" above, ent "Enter the total amount being requested."	er amount requested in Year 1 box, 0 in Year 2 box and 0 in Year 3 box. Then
	enter amount requested in Year 1 box, enter amount requested in Year 2 being requested" indicate the amount being requested in both years.
	enter amount requested in Year 1 box, enter amount requested in Year 2 Enter the total amount being requested" indicate the amount being
Year 1 Please enter the total amount WITHOUT any commas, dollar signs or other non nuccharacter.	 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.
	X 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.

* 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.
Select One>
* Please select the county or counties in which your organization will work 🔢
All of North Carolina
BEAUFORT
BERTIE
BRUNSWICK
BUNCOMBE
CATAWBA
CHATHAM
CHEROKEE
CHOWAN
CLAY
□ FRANKLIN

5 of 9

GASTON GATES GRAHAM GRANVILLE GREENE GUILFORD □ HALIFAX □ HARNETT □ HAYWOOD □ HENDERSON □ HERTFORD □ HOKE □ HYDE □ JACKSON □ JOHNSTON □ JONES □ LENOIR LINCOLN □ MACON □ MADISON □ MARTIN □ MCDOWELL □ MECKLENBURG □ MITCHELL MONTGOMERY □ MOORE □ NASH □ NEW HANOVER □ NORTHAMPTON □ ONSLOW □ ORANGE □ OUT OF STATE D PAMLICO PASQUOTANK D PENDER PERQUIMANS D PERSON D PITT D POLK □ RANDOLPH □ RICHMOND

- ROBESON
 ROCKINGHAM
- ROWAN
 RUTHERFORD
- SCOTLAND
- □ STANLY
- □ STOKES
- SWAIN
- TRANSYLVANIA
- TYRRELL

- U WATAUGA
- □ WAYNE

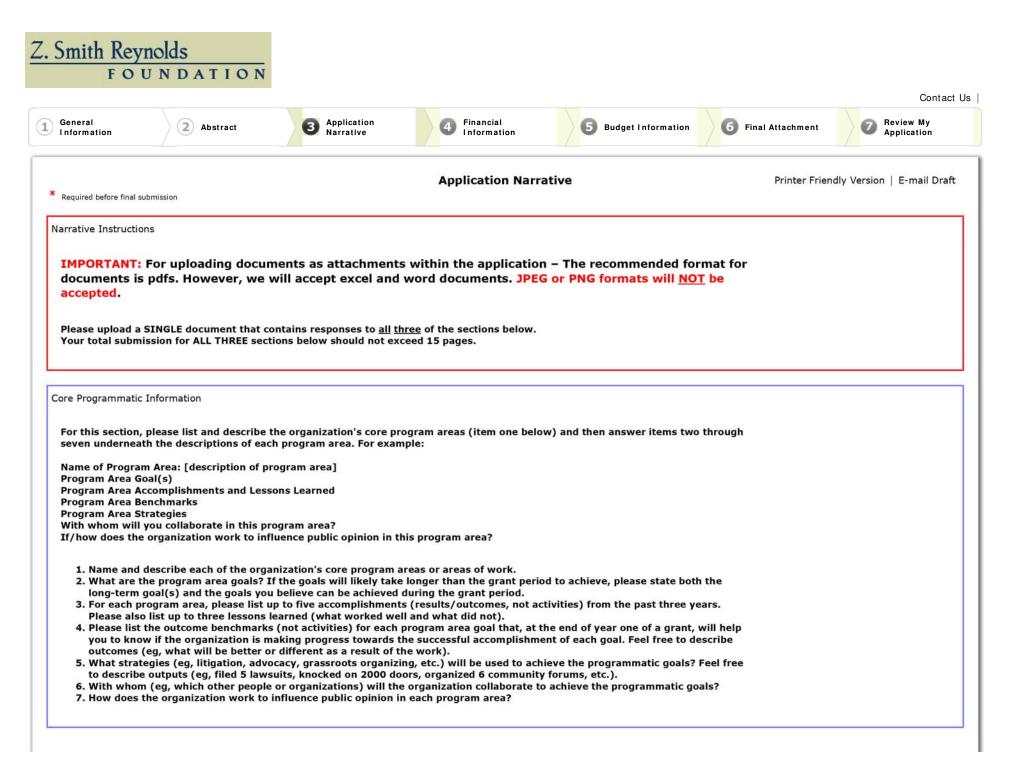
- □ YADKIN
- □ YANCEY

Staff Information: P	lease 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 decim	als. Put 0 if not applicable.		
× White/Caucasian (Non Latino/Hispanic) 🛛 🗴 Bla	ck/African American (Non La	atino/Hispanic) * Latino/Hispanic

	× Asian/Asian American	* Multi-Racial	Other Race/Ethnicity	Total: 0
Board Information: Please enter a number b	etween 0 and 9,999.			
Gender				
* Males * Females	× Other		Total: 0 📓	
Race/Ethnicity Do not use decimals. Put 0 if not applica	able.			
White/Caucasian (Non Latino/Hispanic)	× Black/African American (Non L	atino/Hispanic) * L	atino/Hispanic	
American Indian or Alaska Native	* Asian/Asian American	Multi-Racial	* Other Race/Ethnicity	Total: 0 📓
the total equals 100 percent. Maximum White/Caucasian (Non Latino/Hispanic)	of 3 digits (0-100) and do not u * Black/African American	ise decimals. Put 0 if i * Latino/Hispar		r Alaska Native
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If the racial and/or gender make up of you and how the organization plans to address Please enter "n/a", if not applicable.	ir organization's Board is not repre this circumstance.	sentative of the demog	raphics in the area served, please e	xplain if
and how the organization plans to address	ir organization's Board is not repre this circumstance.	sentative of the demog		xplain if
and how the organization plans to address	r organization's Board is not repr∉ this circumstance.	sentative of the demog		xplain if
and how the organization plans to address	ir organization's Board is not repre	esentative of the demog		xplain if

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; Browse No file selected. Upload	
Board Information - Selection of Members	
Please upload one document that contains the following information: 5. Brief explanation of how board members are selected. Browse No file selected. Upload	
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 August 3, 2015. I acknowledge the change of time of submission. Yes	
Save & Finish Later Next	

		Contac
	Application Narrative	Information 6 Final Attachment 7 Application
Required before final submission	Abstract	Printer Friendly Version E-mail Dra
roject Abstract		
	for which ZSR support is requested attachments within the application – The recomm ot excel and word documents. JPEG or PNG format	
Upload		



Organizational Development (OD) Information
organizational bevelopment (ob) information
Organizational development refers to any non-programmatic work that helps strengthen an organization's ability to meet its mission. OD work may include, but is not limited to: fundraising/development, communications and technology, and board development.
For this section, feel free to list the organization's OD areas (item one) and then answer items two through seven underneath the descriptions of each organizational development area. For example:
Name of Organizational Development Area: [description of OD Area] OD Goal(s)
OD Accomplishments and Lessons Learned OD Benchmarks OD Strategies
OD Expertise
Unmet Capacity Building Needs
 Name and describe each of the organizational development areas of work. What are the organizational development goals? If the goals will likely take longer than the grant period to achieve, please state both the long-term goal(s) and the goals you believe can be achieved during the grant period. For each of the organizational development area, please list up to five accomplishments (results/outcomes, not activities) from the past three years. Please also list up to three lessons learned. Please list the outcome benchmarks (not activities) for each organizational development goals? for each organization is making progress towards the successful accomplishment of each goal. What strategies/activities will be used to achieve the organizational development goals? What outside expertise, if any, will the organization utilize to meet the organizational development goals? Include both types of expertise as well as specific consultants and organizations if known and applicable. Does the organization have unmet capacity building needs (eg, technology, physical infrastructure, etc.) that will not be met by the amount of money requested in this application? If so, please describe those needs and what the plan is to meet those needs.
Other Information 1. If you are a membership organization, what, if anything, are you doing to increase the civic engagement of your members? 2. Please explain why your organization is requesting this specific amount of funding at this time, and what will change if a grant is awarded for the same amount as the previous ZSR grant. 3. Please share any additional information that you believe is important and relevant to this application.
Application Narrative Attachment
* Application Narrative
Please upload a Single document (not three separate documents) that contains responses to all three sections above. The document must not exceed 15 pages.
Browse No file selected. Upload

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2 Abstract	3 Application Narrative	Financial Information		n 6 Final Attachment	Conta Review My Application
		Information		n 6 Final Attachment	
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	Amount	Status	Decision Expected		
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3.		
	Committed	
4.		
	Committed	
Actual Income and Expenses		
List the total actual operating income and ex-	nances of your expeniantian for the last	three completed fiscal years as shown on TPS
	nt year). If the 990 is not yet available	three completed fiscal years as shown on IRS for the most recently completed fiscal year, list ted.
Year 1 - Most Recent Year		
Fiscal Year End Date Were the amounts for	year 1 audited?	
Te Yes		
Income Amount Please enter the total amount as a positive number WITHOUT an	v commas, dollar signs or other non numeric	Expenses Amount Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric
character.	y commus, donar signs of other non-nameric	character.
Difference in income and expenses		
Year 2		
Fiscal Year End Date Were the amounts for Yes	year 2 audited?	
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character.		character.
Difference in income and expenses		
Year 3		
Fiscal Year End Date Were the amounts for	vear 3 audited?	
The second secon		
Income Amount		Expenses Amount
Please enter the total amount as a positive number WITHOUT an character.	y commas, dollar signs or other non numeric	Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.

Difference in income and expense 0	s	
eficit/Surplus Information Please explain below if your organizati Please enter "n/a", if not applicable.	on has ended any of the past three fiscal years with an operating deficit or a significant s	
Word count 0 of 150		
perating Reserve Does the organization currently have a Yes	n operating reserve?	
If so, what is its amount?	How many months of operating support does that amount represent?	
ndowment Information		
Does the organization have an endowr	nent or other funds not included in your annual budget?	
Does the organization have an endowr Yes		
ndowment Information Does the organization have an endowr Yes If so, what is the current balance of th Please note any restrictions that apply	ose funds? to the funds.	1

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General	2 Abstract	3 Application	4 Financial	5 Budget Information	6 Final Attachment	Conta Review My
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or the Budget	- Balance Sheets and Inco	ome Statements only, ple	ase upload a <u>Single</u> document wit te that in the document.	th items a-d below. If you	ur	
or the Budget organization de	- Balance Sheets and Inco bes not have one of these	ome Statements only, ple pieces of information, no	te that in the document.	(7)		
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For a guide to help you determine what year is needed for each budget required below, please refer to the table (in yellow).

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

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

BUDGET	CALENDAR YEAR	FISCAL YEAR (ENDING IN JUNE)	FISCAL YEAR (ENDING IN SEPTEMBER)
PRIOR YEAR BUDGET and actual revenues & expenses	2014	7/1/14-6/30/15	10/1/13-9/30/14
CURRENT YEAR BUDGET with year-to date actual revenues & expenses	2015	7/1/15-6/30/16	10/1/14-9/30/15
NEXT YEAR 1 BUDGET	2016	7/1/16-6/30/17	10/1/15-9/30/16
NEXT YEAR 2 BUDGET	2017	7/1/17-6/30/18	10/1/16-9/30/17
NEXT YEAR 3 BUDGET	2018	7/1/18-6/30/19	10/1/17-9/30/18

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.

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udget 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. Browse No file selected. 	
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udget Information: Next Year	
Please refer to our website at http://zsr.org/sample-budgets on the format of the Next Year's budget. In the General Information section of the application, if you list a grant length of more than 12 months, you must include a budget for each year funds being requested.	
Budget - Next Year	
We need the Next Year's Budget (either fiscal or calendar year- depending on your organization's year-ending date) and it must include the following:	
 If an approved budget is not available for that period, include a draft for each year requested. In the General Information section of this application, if you selected <u>12 months in Length of Grant</u>, we need a budget for just NEXT YEAR ONE. 	
 In the General Information section of this application, if you selected <u>18 or 24 months in Length of Grant</u>, we need a budget for NEXT YEAR ONE and NEXT YEAR TWO (<u>uploaded separately</u>). (Please refer to the chart above in yellow.) In the General Information section of this application, if you selected <u>30 or 36 months in Length of Grant</u>, we need a budget for NEXT YEAR ONE, NEXT YEAR TWO, and NEXT YEAR THREE (<u>uploaded separately</u>). (Please refer to the chart above in yellow.) 	
above in yellow.)If the Length of Grant covers 6 months into another year, include that budget for the entire year.	

 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. 	
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Budget - Next Year Two Browse No file selected. Upload	
Budget - Next Year Three Browse No file selected. Upload	
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INSTRUCTIONS TO CREATE FINAL ATTACHMENT (COPY OF APPLICATION)

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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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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.	
Not Applicable	
Name of Organization Exactly as Apparts or your feederal tax-exception certification under Section 501(c)(3) of the IRS Code.	
xyz company	
Federal Tax ID Number Format: 99-999999	
somati 19-1999999 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 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	
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 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
If your organization is a section 509(a)(3) supporting organization, select the type.	
Office Mailing Address	~

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

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the application and click "Submit".			
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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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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Strategic Grant - Project Support_v2		58384	04/25/2014	
Small Grant - Project_v2		58387	04/25/2014	
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General Information MCPORTANT: If your organization does not have its own Tax Exempt apply. Information MPORTANT: If your organization does not have its own Tax Exempt apply. If another organization is applying on your behalf as a fiscal sponsor, whit apply. If approximation is applying on your behalf as a fiscal sponsor, whit apply. If approximation is applying on your behalf as a fiscal sponsor, whit apply. If approximation is applying on your behalf as a fiscal sponsor, whit apply. If approximation is applying on your behalf as a fiscal sponsor, whit apply as a project finance and completes a "Project Support" apply.	anager New Related Pactions Move Actions Move Move Actions Move Sec. c download of some pictures in this message. sfully, and the tracking number is 58383. You will be receiving more information on this time period, please contact the Foundation at (800) 443-8319 or or 336-725-75 General Information Dication – The recommended format for documents is pdfs. However, we will accep Certificate (Determination Letter) and another organization is applying on your behing at ZSR staff member gave prior approval for the fiscal sponsorship? pleaston.	Zoom Zoom Zoom the status of your application within two 41. For your records, here is a copy of th the status and Word documents. TIF or JPI	e contents of your appl EG or PNG formats wi	ie grant cation.

Strategic Partner - General Operating Support

	Gener	all	nfor	mation
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General Organizational Information
IMPORTANT: For uploading documents as attachments within the application – The recommended format for documents is pdfs. However, we will accept Excel and Word documents. TIF or JPEG or PNG formats will <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
11-111111
Tax Exempt Certification The Foundation must receive a copy of the petitioning organization's federal tax-exempt certification under Section 501(c)(3) of the Internal Revenue Code that includes a determination as to the organization's status as a publicly-supported organization. If you do not yet have your 501(c)(3) status, please upload a document that states when your organization applied to the IRS and, if possible, documentation from the IRS stating your application is under consideration. ZSR 501c3.pdf
State Listed on IRS Letter From your federal tax-exempt certification (IRS Determination Letter), please select the state listed in your address portion of the letter. NOTE: Do not list the state from the address of the IRS or Department of the Treasury.)
North Carolina
Date of Incorporation Format: 99/99/9999
1/1/1936
Select your foundation status under the Internal Revenue Code Section 509. All 501(c)(3) organizations are categorized into one of four types of public charities under IRC Section 509. The 509 status can be found on your IRS determination letter. For further explanation of what a 509(a) status is, see the Internal Revenue Service website under <i>Public Charities</i> (http://www.irs.gov /publications/p557/ch03.html# en_US_2011_publink1000200126). 509(a)(1)
If your organization is a section 509(a)(3) supporting organization, select the type.

	Organization's Office Mailing Address 123 Anywhere Street						
	State NC	Zip Code 27101					
County in which yo FORSYTH	ur organ	ization's primary headquarters is located. (If your primary headquarters is not located in North Carolina, select "Outside North Carolina".					
Website www.xyz.org							
Telephone Format: 999-999-9999 336-123-4567	Fax Format	: 999-999-9999					

ORGANIZATION'S PRIMARY CONTACT: Provide information for the chief executive of the organization. (aka executive director)				
Prefix Miss	First Name Jane	Middle Nan	ne Last Name Doe	Suffix <none></none>
Title Executive				
Address 123 Anyw	vhere Street			
City Winston S		ate Zip Coo 27101	de	
Phone Format: 999 336-987-		1234	Cell Phone Format: 999-999-9999 336-987-6543	
Office Fax Format: 999 336-9876	-999-9999	E-mail jane@xyz.org		
Race/ Eth Asian/ Asi	nicity an American			

General	General Request Information					
PRIMA	RY CONTACT FO	OR THIS REQUEST	: Please provid	le the following information for the person to whom all communication regarding this application should be directed.		
Prefix Mr.	First Name John	Middle Name	Last Name Doe	Suffix < None>		

Title (Ex.: President, Executi	ve Director)	
Grant Manager		
Primary Contact's 538 Toms Grove L		g Address
Office City Of Newton NO	ifice State C	Office Zip Code 28647
Telephone ^{Format:} 999-999-9999 252-123-4567	Cell Pho Format: 9 252-654	99-999-9999
Office Fax Format: 999-999-9999	E-mail john@x	yz.org

NORTH CAROLINA PRIMARY OFFICE INFORMATION If your organization does not have an NC office, under "County", select "OUTSIDE NORTH CAROLINA". County Work Location County Work Location FORSYTH Physical Street Address 123 Anywhere Street City City State Zip Code Winston Salem NC 27101

Application Information				
Which of the following best describes the focus of your proposal? (Note: It is not necessary to contact the Foundation with questions regarding this field; simply select the best fit. This information will not negatively affect your grant request.) Environment				
Organization's Fiscal Year End Date Format: 99/99/9999 12/31/2015				
Period for which funds are requested:				
Length of Grant: 12 Months				

Start Date 11/30/2015									
Please state the requested amount per year for each year.									
If you entered 12 months in "Length of Grant" above, enter amount	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 amo total amount being requested" indicate the amount being requested	unt requested in Year 1 box, enter amount requested in Year 2 box, and in both years.	0 in Year 3 box. Then in "Enter the							
If you entered 30 or 36 months in Length of Grant above, enter amo box. Then in "Enter the total amount being requested" indicate the a	unt requested in Year 1 box, enter amount requested in Year 2 box, and imount being requested in all three years.	enter amount requested in Year 3							
Year 1 Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character. 100000	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. 100000	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. 100000							
Enter the total amount being requested The total amount requested must equal to the funding requested in Year 1 + Year 2 + Year 3. Please 300000	enter the total amount WITHOUT any commas, dollar signs or other non numeric character.								
Geographic area in which work will take place SINGLE-COUNTY									
Please select the county or counties in which your organization will work FORSYTH									
Staff Information: Please enter a number between 0 and 9,999									
Part-time Full-time Total: 5 3 8.00									
Gender									
Male Female Other Total: 2 5 1 8									
Race/ Ethnicity Do not use decimals. Put 0 if not applicable.									
White/Caucasian (Non Latino/Hispanic) Black/African American (Non I 1 1	Latino/Hispanic) Latino/Hispanic 1								

American Indian or Alaska Native	Asian/Asian American	Multi-Racial	Other Race/Ethnicity	Total:
1	1	1	2	8 👪

Board Information: Please enter a number between 0 and 9,999.							
Gender							
Males Females Other Total: 7 7 1 15							
Race/ Ethnicity Do not use decimals. Put 0 if not applicable.							
White/Caucasian (Non Latino/Hispanic)Black/African American (Non Latino/Hispanic)Latino/Hispanic333							
American Indian or Alaska Native Asian/Asian American Multi-Racial Other Race/Ethnicity Total: 3 1 0 2 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 AmericanLatino/HispanicAmerican Indian or Alaska NativeAsian/Asian AmericanMulti-Racial Total:701510112Must total to 100. 100%100%							
Other Race/Ethnicity 1							
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. Please enter "n/a", if not applicable.							
Test test							
Board Information							
Please upload one document that contains the following information: 1. Name of each board member; 2. City and State of Residence of each board member;							
 Occupation of each board member; Email address of each board member; 							
BUDGET EXAMPLES Balance Sheet and Income Statement 5.31.13.pdf							

Board Information - Selection of Members

Please upload one document that contains the following information: 5. Brief explanation of how board members are selected. BUDGET EXAMPLES Project Budget 5.29.13.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

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

Yes

Abstract

Project Abstract

Please write and upload a one-page abstract of your proposal that includes, but is not limited to, the following:

1. The community/ societal needs that this proposal addresses and the degree of urgency

2. How your organization is uniquely positioned to address the needs

3. The key elements of your organization's work for which ZSR support is requested

4. Why ZSR's investment is needed at this time

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

Project Abstract BUDGET EXAMPLES Next Year Budget 5.29.13.pdf

Application Narrative

Narrative Instructions

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

Please upload a SINGLE document that contains responses to <u>all three</u> of the sections below. Your total submission for ALL THREE sections below should not exceed 15 pages.

Core Programmatic Information

For this section, please list and describe the organization's core program areas (item one below) and then answer items two through seven underneath the descriptions of each program area. For example:

Name of Program Area: [description of program area] Program Area Goal(s) Program Area Accomplishments and Lessons Learned Program Area Benchmarks Program Area Strategies With whom will you collaborate in this program area? If/ how does the organization work to influence public opinion in this program area?

1. Name and describe each of the organization's core program areas or areas of work.

- 2. What are the program area goals? If the goals will likely take longer than the grant period to achieve, please state both the long-term goal(s) and the goals you believe can be achieved during the grant period.
- 3. For each program area, please list up to five accomplishments (results/ outcomes, not activities) from the past three years. Please also list up to three lessons learned (what worked well and what did not).
- 4. Please list the outcome benchmarks (not activities) for each program area goal that, at the end of year one of a grant, will help you to know if the organization is making progress towards the successful accomplishment of each goal. Feel free to describe outcomes (eg, what will be better or different as a result of the work).
- 5. What strategies (eg, litigation, advocacy, grassroots organizing, etc.) will be used to achieve the programmatic goals? Feel free to describe outputs (eg, filed 5 lawsuits, knocked on 2000 doors, organized 6 community forums, etc.).
- 6. With whom (eg, which other people or organizations) will the organization collaborate to achieve the programmatic goals?
- 7. How does the organization work to influence public opinion in each program area?

Organizational Development (OD) Information

Organizational development refers to any non-programmatic work that helps strengthen an organization's ability to meet its mission. OD work may include, but is not limited to: fundraising/ development, communications and technology, and board development.

For this section, feel free to list the organization's OD areas (item one) and then answer items two through seven underneath the descriptions of each organizational development area. For example:

Name of Organizational Development Area: [description of OD Area] OD Goal(s) OD Accomplishments and Lessons Learned

- OD Benchmarks
- OD Strategies

OD Expertise

Unmet Capacity Building Needs

1. Name and describe each of the organizational development areas of work.

2. What are the organizational development goals? If the goals will likely take longer than the grant period to achieve, please state both the long-term goal(s) and the goals

you believe can be achieved during the grant period.

- 3. For each of the organizational development area, please list up to five accomplishments (results/ outcomes, not activities) from the past three years. Please also list up to three lessons learned.
- 4. Please list the outcome benchmarks (not activities) for each organizational development goal that, at the end of year one of a grant, will help you to know if the organization is making progress towards the successful accomplishment of each goal.
- 5. What strategies/ activities will be used to achieve the organizational development goals?
- 6. What outside expertise, if any, will the organization utilize to meet the organizational development goals? Include both types of expertise as well as specific consultants and organizations if known and applicable.
- 7. Does the organization have unmet capacity building needs (eg, technology, physical infrastructure, etc.) that will not be met by the amount of money requested in this application? If so, please describe those needs and what the plan is to meet those needs.

Other Information

- 1. If you are a membership organization, what, if anything, are you doing to increase the civic engagement of your members?
- 2. Please explain why your organization is requesting this specific amount of funding at this time, and what will change if a grant is awarded for the same amount as the previous ZSR grant.
- 3. Please share any additional information that you believe is important and relevant to this application.

Application Narrative Attachment

Application Narrative

Please upload a **Single** document (not three separate documents) that contains responses to all three sections above. The document must not exceed 15 pages. BUDGET EXAMPLES Project Budget 5_VER_1.PDF

Financial Information

ncome Sources						
Please list the five largest sources of income for your work in NC 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) ABC Agency	Amount 500,000	Purpose Regranting				
2. 123 Corporation 25,000 Endowmen	t					
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 organization for the same time period as this grant request? 1. Source Amount Status **Decision Expected** ABC Agency 100,000 Committed 08/03/2015 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 one being the most recent year). If the 990 is not yet available for the most recently completed fiscal year, list the un-audited final income and expenditures and indicate that numbers are un-audited. Year 1 - Most Recent Year Fiscal Year End Date Were the amounts for year 1 audited? 12/31/2014 Yes Differ€ Expenses Amount Income Amount Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric in incc character. character. and 1000584 987123 expen 13461 Year 2 Were the amounts for year 2 audited? Fiscal Year End Date 12/31/2013 Yes Differ€ Income Amount Expenses Amount Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric in incc character. character. and expen

98747	1		1151287	-163816
Year 3				
Fiscal \ 12/31/	<i>f</i> ear End Date 2012	Were the amounts for year 3 audited? Yes		
	e Amount		Expenses Amount	Differ€
Please er characte		s a positive number WITHOUT any commas, dollar signs or other non numeric	Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.	in incc and
125848			1187258	expen
				71229

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. Please enter "n/a", if not applicable.

The timing of receipt of grant payments impacted the surplus and deficit at year end.

perating Reserve					
Does the organization currently have an operating reserve? Yes					
If so, what is its amount? 125000	How many months of operating support does that amount represent? 2				

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. The endowment funds we have are paid out annually to particular recipients.

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 5_VER_1.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 18 months or 24 months of funding, for the Next Year Budget, you need to include NEXT YEAR ONE BUDGET AND NEXT YEAR TWO BUDGET. Note: If you are requesting 30 months or 36 months of funding, for the Next Year Budget, you need to include NEXT YEAR ONE BUDGET, NEXT YEAR TWO BUDGET, AND NEXT YEAR THREE BUDGET.

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

NEXT YE	AR 1 BUDGET	2016	7/1/16-6/30/17	10/ 1/ 15-9/ 30/ 16
NEXT YE	AR 2 BUDGET	2017	7/1/17-6/30/18	10/ 1/ 16-9/ 30/ 17
NEXT YE	AR 3 BUDGET	2018	7/ 1/ 18-6/ 30/ 19	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.

BUDGET EXAMPLES Prior Year Budget 5.29.13.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 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</u> <u>must include the 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 5.29.13.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 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 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 5 VER 2.PDF Budget - Next Year Two BUDGET EXAMPLES Next Year Budget 5_VER_1.PDF Budget - Next Year Three BUDGET EXAMPLES Next Year Budget 5 VER 3.PDF

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.				
 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