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-

-Select One-
Yes
No

Eligibility Assessment

Is your organization a 501(c)3 and in good standing 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/UNIVERSITY, GOVERNMENTAL UNIT, or RELIGIOUS ENTITY?

-Select One-

-Select One-
501(c)3 and in good standing with the IRS
Pending Application for 501(c)3 status
Public School, College/University, Governmental Unit, or Religious Entity
None of the Above

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 – <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.

-Select One-
| -Select One- |
| Yes |
| No |

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 organzation'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 **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- ▾

| -Select One- |
| Yes |
| No |

Z. Smith Reynolds
F O U N D A T I O N

Contact Us |

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General Information

Printer Friendly Version | E-mail Draft

✳ Required before final submission

General Organizational Information

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

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

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

<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

11-1111111

✳ 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.

Browse...   No file selected.
Upload

✱ 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>

✱ 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>

✱ Organization's Office Mailing Address

123 Anywhere Street

✱ City	**✱ State**	**✱ Zip Code**
Winston Salem	NC	27101

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

FORSYTH

Website

www.xyz.org

✱ Telephone   Fax
Format: 999-999-9999   Format: 999-999-9999

336-123-4567

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

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

✱ Title ℹ️

Executive

✱ Address

123 Anywhere Street

✱ City
Winston Salem

✱ State
NC

✱ Zip Code
27101

✱ Phone
Format: 999-999-9999
336-987-6543

Extension
1234

✱ Cell Phone
Format: 999-999-9999
336-987-6543

Office Fax
Format: 999-999-9999
336-9876533

✱ E-mail
jane@xyz.org

✱ Race/Ethnicity
Asian/Asian American

General Request Information

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

✱ Prefix
Mr.

✱ First Name
John

Middle Name

✱ Last Name
Doe

Suffix
<None>

✱ Title
(Ex.: President, Executive Director)
Grant Manager

✱ Primary Contact's Office Mailing Address
538 Toms Grove Lane

✱ Office City
Newton

✱ Office State
NC

✱ Office Zip Code
28647

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

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

Office Fax
Format: 999-999-9999

✱ E-mail
john@xyz.org

NORTH CAROLINA PRIMARY OFFICE INFORMATION

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

✱ County Work Location

<Select One>

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.)

<Select One>

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

Period for which funds are requested:

✱ Length of Grant:
<Select One>

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 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.

✱ 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.

✱ 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.

* Geographic area in which work will take place
<Select One>

* 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
- ☐ OUT OF STATE
- ☐ PAMLICO
- ☐ PASQUOTANK
- ☐ PENDER
- ☐ PERQUIMANS
- ☐ PERSON
- ☐ PITT
- ☐ POLK
- ☐ RANDOLPH
- ☐ RICHMOND

☐ ROBESON
☐ ROCKINGHAM
☐ ROWAN
☐ RUTHERFORD
☐ SAMPSON
☐ SCOTLAND
☐ STANLY
☐ STATEWIDE
☐ 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   * 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.
Please enter "n/a", if not applicable.

Word count 0 of 100

* 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;

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

Z. Smith Reynolds
F O U N D A T I O N
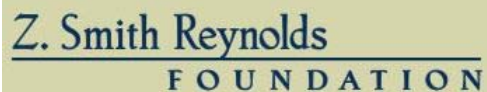
Contact Us |

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Abstract

Printer Friendly Version | E-mail Draft

* Required before final submission

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

Browse... No file selected.

Upload

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Application Narrative

Printer Friendly Version | E-mail Draft

* Required before final submission

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 all three 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.

Browse…   No file selected.
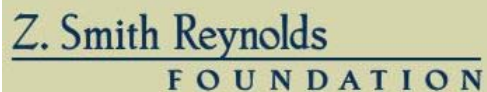
Upload

Save & Finish Later   Next

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Financial Information

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* Required before final submission

Income 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)   Amount   Purpose

2.

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
                                Committed

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?

                       Yes

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

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

       Difference in income and expenses
       0

Year 2

Fiscal Year End Date   Were the amounts for year 2 audited?

                       Yes

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

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

       Difference in income and expenses
       0

Year 3

Fiscal Year End Date   Were the amounts for year 3 audited?

                       Yes

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

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

Difference in income and expenses
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.
Please enter "n/a", if not applicable.

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 75

Save & Finish Later   Next

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Contact Us |

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Budget Information   Printer Friendly Version | E-mail Draft

* 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)

Browse… No file selected.

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 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.

Browse… No file selected.
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.

[Browse…] No file selected.
[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

Browse...   No file selected.

Upload

Budget - Next Year Two

Browse...   No file selected.

Upload

Budget - Next Year Three

Browse...   No file selected.

Upload

Save & Finish Later   Next

Z. Smith Reynolds
FOUNDATION

Contact Us |

| 1 General Information | 2 Abstract | 3 Application Narrative | 4 Financial Information | 5 Budget Information | 6 Final Attachment | 7 Review My Application |

Final Attachment

Printer Friendly Version | E-mail Draft

* 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

Browse… No file selected.

Upload

Save & Finish Later   Review

INSTRUCTIONS TO CREATE FINAL ATTACHMENT (COPY OF APPLICATION)

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

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.

3. Scroll to the bottom of the application. Select the "Update" button. (Note that the Final Attachment field will still be blank.)
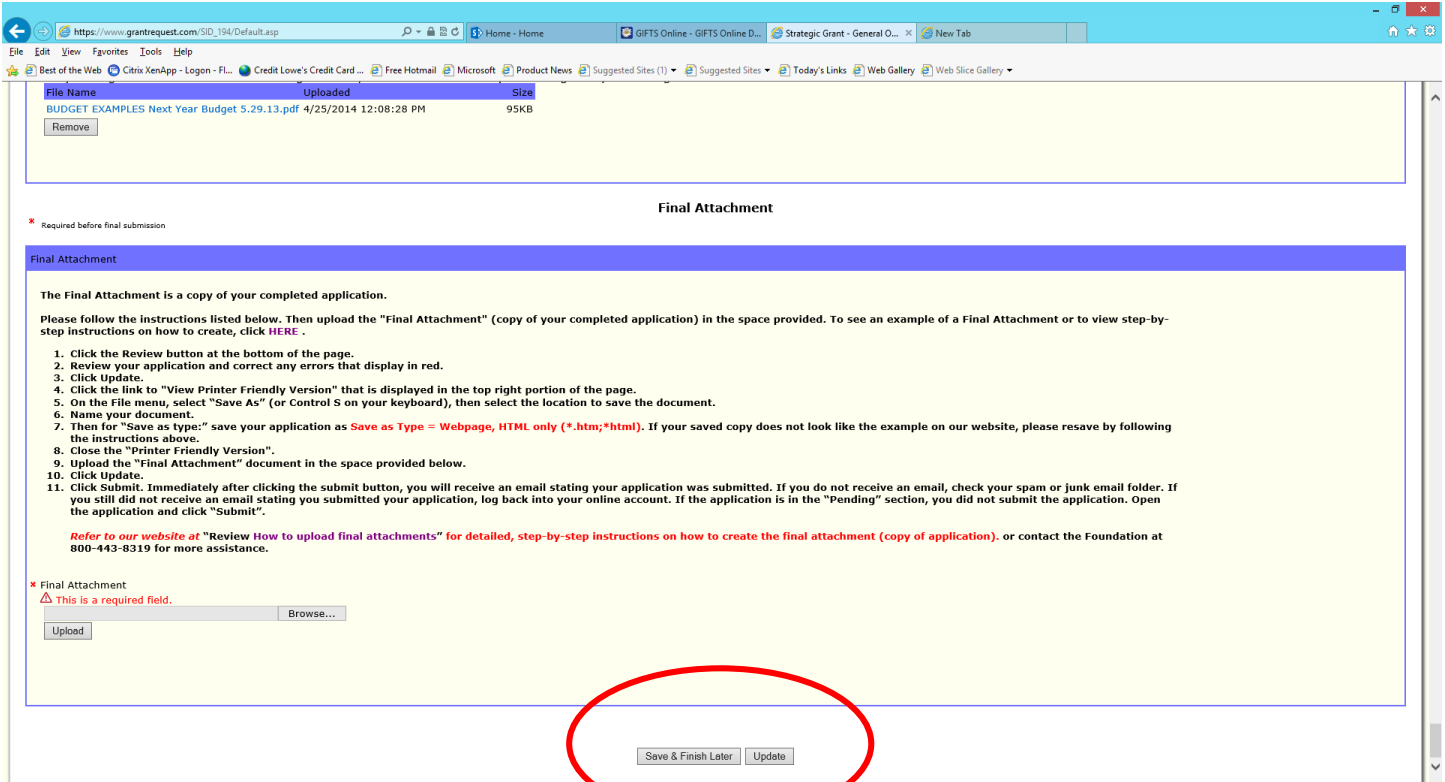
4. From the top of the application, select "Printer Friendly Version" to view the application.
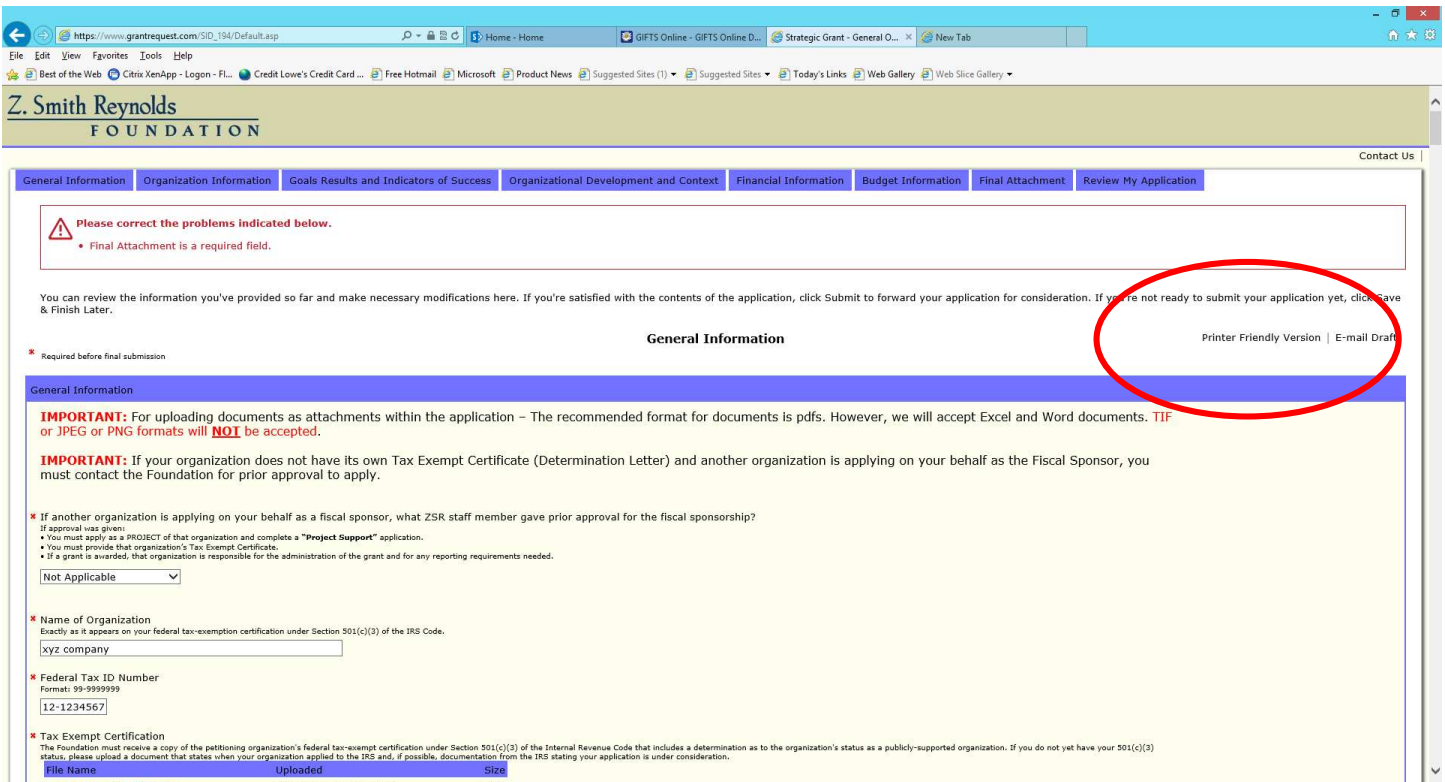
5. A tab opens with a viewable copy of the application. Select the "cog" at the top right of the page. If that symbol is not available, do a "Control S" from your keyboard.

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

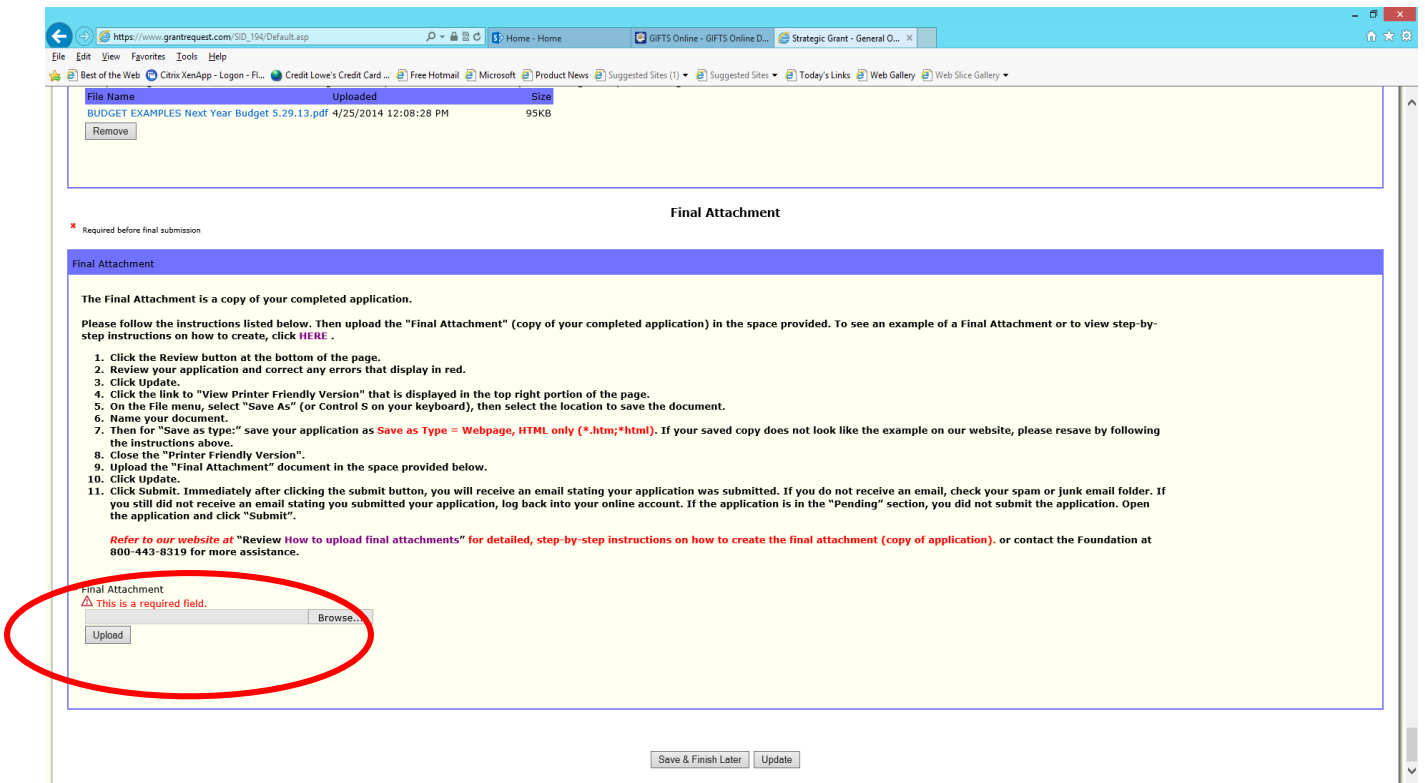7. Once the above screen is open, in "File Name:" name the document, but ***do not save the document just yet***.

7. Name the document.
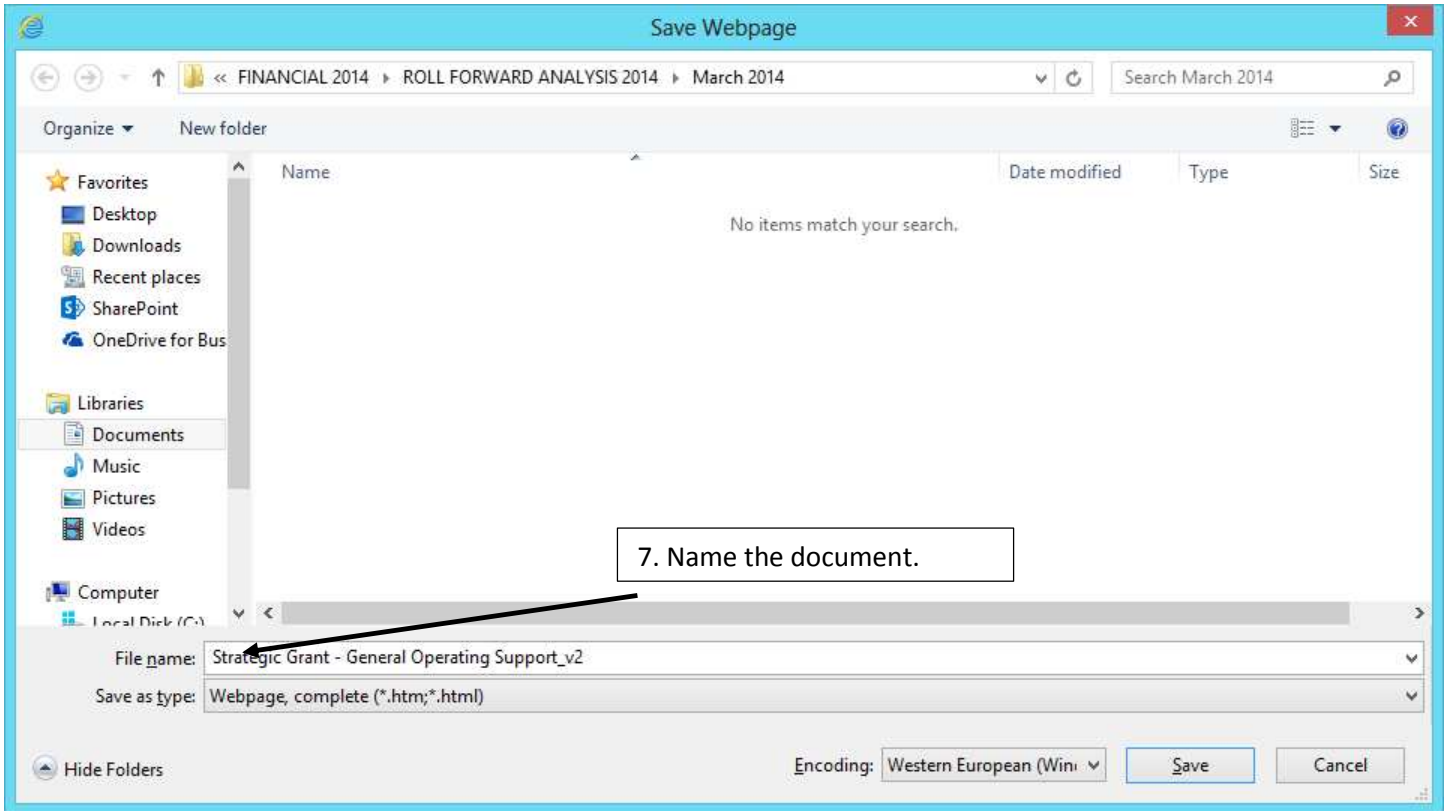
8. For the "Save as type", make sure to select **"Webpage, HTML only (*.htm;*.html)"**. If it is not saved in this method, it will not save properly and we will not accept.
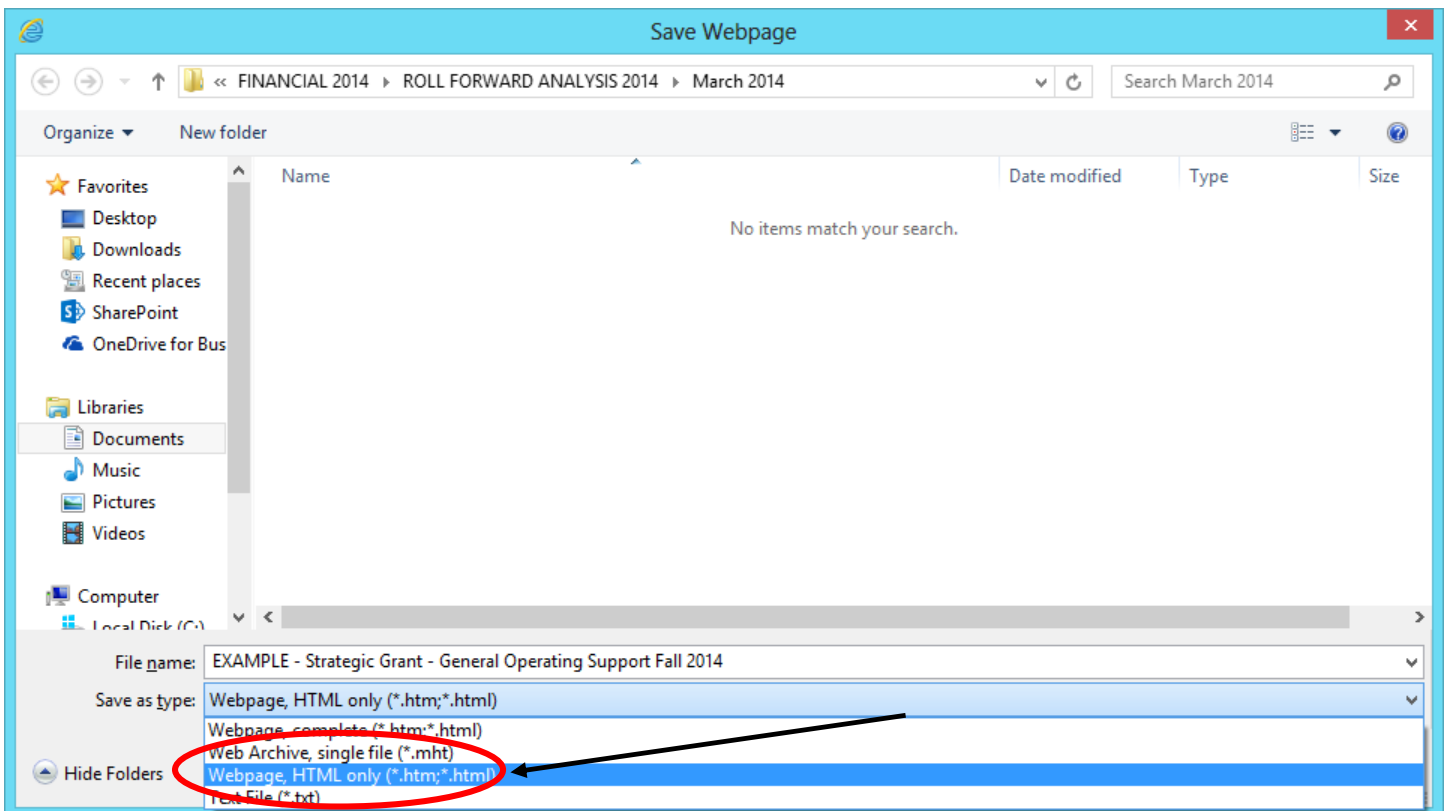
9. Close the "Printer Friendly Version" by selecting x indicated in the screen shot below.
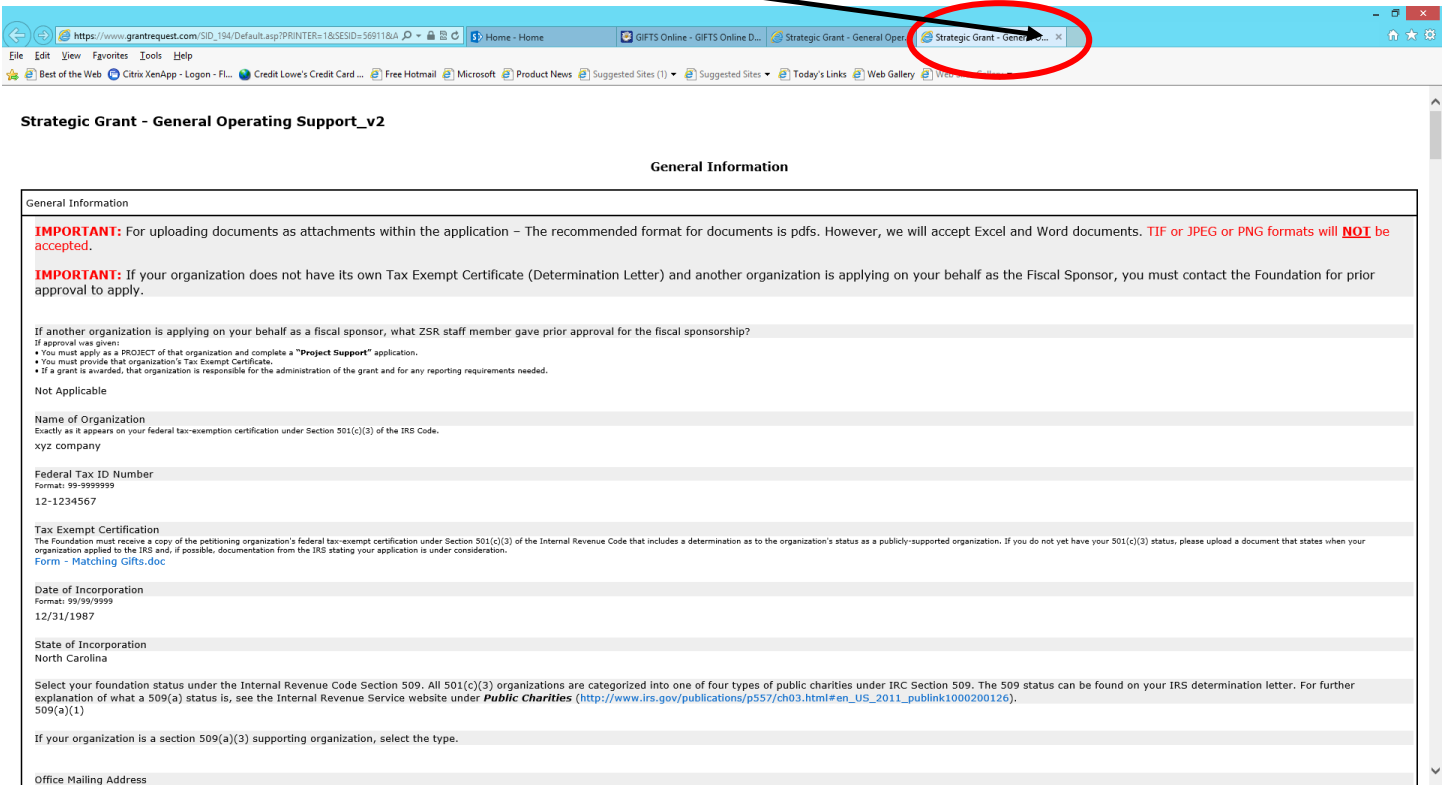
10. Scroll to the bottom of the application to upload the Final Attachment (copy of the application you just saved).

11. Select the "Update" button.

12. Select the "Submit" button.

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.**

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

Strategic Partner - General Operating Support

General Information

General Organizational Information

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

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

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

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

11-1111111

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 *Public Charities* (http://www.irs.gov /publications/p557/ch03.html#en_US_2011_publink1000200126).
509(a)(1)

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

Organization's Office Mailing Address
123 Anywhere Street

City	State	Zip Code
Winston Salem	NC	27101

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

Website
www.xyz.org

Telephone	Fax
Format: 999-999-9999	Format: 999-999-9999
336-123-4567	

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

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

Title
Executive

Address
123 Anywhere Street

City	State	Zip Code
Winston Salem	NC	27101

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

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

Race/Ethnicity
Asian/Asian American

General Request Information

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

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

Title
(Ex.: President, Executive Director)

Grant Manager

Primary Contact's Office Mailing Address
538 Toms Grove Lane

Office City   Office State   Office Zip Code
Newton   NC   28647

Telephone   Cell Phone
Format: 999-999-9999   Format: 999-999-9999
252-123-4567   252-654-3214

Office Fax   E-mail
Format: 999-999-9999   john@xyz.org

NORTH CAROLINA PRIMARY OFFICE INFORMATION

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

County Work Location
FORSYTH

Physical Street Address
123 Anywhere Street

City   State   Zip Code
Winston Salem   NC   27101

Application Information

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

Environment

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 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	Year 2	Year 3
Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.	Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character. Please enter "0" if you are not requesting funding in Year 2.	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	100000	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 enter the total amount WITHOUT any commas, dollar signs or other non numeric character.

300000

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 Latino/Hispanic)	Latino/Hispanic
1	1	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/Hispanic
3   3   3

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 American   Latino/Hispanic   American Indian or Alaska Native   Asian/Asian American   Multi-Racial **Total:**
70   15   10   1   1   2   Must total to 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;
3. Occupation of each board member;
4. 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 all three 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

Income 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)   Amount   Purpose
ABC Agency   500,000   Regranting

2.
123 Corporation   25,000   Endowment

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

Income Amount
Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.
1000584

Expenses Amount
Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.
987123

Differe
in inco
and
expen
13461

Year 2

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

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

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

Differe
in inco
and
expen

987471   1151287   -163816

Year 3

Fiscal Year End Date   Were the amounts for year 3 audited?
12/31/2012   Yes

Income Amount   Expenses Amount   Differe
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 inco
character.   character.   and
1258487   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.

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?
125000   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 **single** document with items a-d below. If your organization does not have one of these pieces of information, note that in the document.

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

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

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

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

BUDGET EXAMPLES Balance Sheet and Income Statement 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)
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.
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 **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 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 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 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.**
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