

Z. Smith Reynolds

FOUNDATION

147 South Cherry Street, Suite 200 ♦ Winston-Salem, North Carolina 27101-5287

GRANT APPLICATION General Operating Support Request

I. GENERAL INFORMATION:

A. Contact Information

Name of Organization:
(Exactly As It Appears On Your Federal Tax-Exemption Certification Under Section 501(C)(3) Of The IRS Code)

AKA:

Mailing Address:

County:

Website:

Telephone:

Fax:

Chief Executive Officer:

Title:

CEO Office Phone:

Chief Executive Officer's email:

Date of Incorporation:

State of Incorporation:

Federal ID#:

Fiscal Year:

Contact person to whom all communication regarding this application should be directed:

Name:

Title:

Mailing address (if different from above):

Contact Telephone:

Contact Fax:

Primary Contact Cell:

Contact E-Mail:

Does your organization have Skype* videoconferencing capacity? (*Skype, a free videoconferencing tool, requires a high speed internet connection and a web camera; full system requirements are available at: <http://www.skype.com/download/skype>.)

Is your organization's primary location out of state? If so, select yes below. If not, please skip the next question.

Does your organization have an office in NC? If no, skip to Application Information section below. If yes, please provide the physical street address, city and zip code of your organization's primary NC office below.

B. Application Information

List your organization status:

Is your organization a supporting organization?

If so, what type?

Which of the following best describes the focus of your proposal?

Is your organization a Governmental entity?

Short Project Title: (If college/university, please include name of department/center/institute, followed by project title)

Please enter a short description of the request. (You may use up to 20 words).

Duration of Grant Request: (In whole months)

Period for which funds are being requested (Grants cannot be used to cover expenses incurred prior to the grant award date): Indicate From: mm/dd/yy to mm/dd/yy

Amount being requested:

Total:

Year One

Year Two (if any)

Year Three (if any)

Region of state in which your organization is located:

Has your organization previously received a grant(s) from this foundation?

If yes, have all the reporting requirements been met for the grant(s)? If not, please download a reporting form from our web site (www.zsr.org) and include it as an uploaded attachment. NOTE: All reporting requirements from past grants must be met in order for a new application to be considered.

C. Governing Board and Staff

Number of staff members:

(Part-Time: _____; Full-Time _____)

(If governmental unit or college/university, list only staff related to the project)

Please indicate the **number**:

Male:

Female:

White/Caucasian:

Non-White/Non-Caucasian:

Total number of members on Governing Board:

Please indicate the **number**:

Male:

Female:

White/Caucasian:

Non-White/Non-Caucasian:

Please indicate the **percentage**:

Males on Board:

Females on Board:

White/Caucasian on Board:

Non-White/Caucasian on Board:

Please list the county or counties in which your organization will work:

What is the demographic composition of the geographic area in which the work for which you seek funds will be performed? (Note: As a source, ZSR recommends U.S. Census Quickfacts at <http://quickfacts.census.gov/qfd/states/37000.html>)

Please enter the **percentage** as a numerical value (between 0 to 100) of each race or ethnic group listed below so that the total equals 100:

White/Caucasian:

African-American:

Hispanic Latino :

Native American:

Other:

Total Non-white/Caucasion (from above):

Board List – See attachment number 2 at the end of the application.

D. EQUITY AND INCLUSIVENESS

The Foundation actively seeks to promote access, equity, and inclusiveness 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. (You may use up to 150 words)

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. (You may use up to 150 words)

II. ORGANIZATIONAL INFORMATION:

Mission: Please state your organization's mission. (You may use up to 80 words)

Mission: Please describe the core programs that support your mission. (You may use up to 180 words)

Prior Achievements: Please list your organization's top three results achieved in the past three years and explain how they have helped to advance your mission. (You may use up to 225 words)

III. GOALS, RESULTS AND INDICATORS OF SUCCESS:

Problem Statement: What community or public need(s) does your organization address? Please include relevant data showing the scale of the problem you seek to address. What aspect of the need(s) will your organization focus on during this grant period? (You may use up to 150 words)

Long-Term Results: Describe up to four long-term results that your organization seeks to achieve? How long will it take you to achieve these results? (You may use up to 240 words, or 60 words per result)

Short-Term Results: For each long-term result listed above, please describe the short-term result(s) that your organization will achieve during the grant period. (You may use up to 240 words, or 60 words per result)

Methods and Strategies: What methods or strategies will your organization employ to achieve, or make progress towards achieving, the long-term results listed above? (You may use up to 180 words)

Indicators of Success: As a tool with which to assess whether you are making progress, please list the indicators that you plan to track for each of your short-term results during the grant period. (You may use up to 150 words)

Collaboration: For each short-term result, name any partners with whom you will collaborate and describe their contribution. (You may use up to 100 words)

Barriers to Success: Assuming you receive the necessary financial resources, what are the external obstacles that might prevent you from achieving your anticipated results and what are your plans to address them? (You may use up to 180 words)

V. ORGANIZATIONAL DEVELOPMENT AND CONTEXT

Organization Context and Role: Please name other organizations in North Carolina that work in your field. (You may use up to 100 words)

Organization Context and Role: What is the role your organization plays relative to the roles played by other organizations working within your field? (You may use up to 100 words)

Challenges: Please list the significant internal challenges facing your organization, staff and/or board and what your plan is to address them. Will a ZSR grant be used to build capacity to meet this challenge?

Priorities: How will the priorities of the organization change if a grant awarded is for an amount less than requested? (You may use up to 180 words)

VI. Additional Information:

Additional Information: Is there anything else you would like the Foundation to know about your organization or program(s)? (You may use up to 300 words)

VII. FINANCIAL INFORMATION

What method of accounting does your organization use?

List The Total Actual Operating Income And Expenses Of Your Organization For The Last Three Completed Fiscal Years As Shown On IRS Form 990. 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. Governmental Units Do Not Need To Supply This Information.

Year of Filing	Year:	Year:	Year:
Income			
Expenses			
Difference In Income And Expenses			

Did your organization end any of the past three fiscal years with a deficit or a surplus in excess of 10 percent of that year's income or \$50,000 (whichever is lower)?

If your organization did end any of the past three fiscal years with a deficit, please explain. (You may use up to 150 words)

1. Please list your five largest sources of income in the past two years. Total these two years for each source. Include any government contracts as well as grants and contributions.

Source (Name: Person, Foundation, Agency)	Amount	Purpose

2. Does the organization currently have an operating reserve?

If so, what is its amount?

How many months of operating support does that amount represent?

3. Does the organization have an endowment or other sources of funds not included in your annual budget?

If so, what is the current balance of those funds?

Please note any restrictions that apply to these funds? (You may use up to 60 words)

B. Program Financial Information

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? Please use the chart below. (Attach an additional sheet as needed.)

Amount

Source

CHECK ONE:

Committed

Highly Likely

Somewhat Likely

Date Decision is

Expected

Amount	Source	CHECK ONE: Committed Highly Likely Somewhat Likely	Date Decision is Expected

C. Sustainability

1. Upon completion of this grant, if awarded, do you intend to return to Z. Smith Reynolds Foundation for continued funding?

If yes, for approximately how many years?

2. How do you plan to sustain your organization with or without Z. Smith Reynolds Foundation funds? In addition to describing strategies for attracting new contributions, include in your answer any future funders, alternative sources of earned income and any ways you might reduce costs. (You may use up to 150 words)