### SAMPLE APPLICATION PDF - Small Grant Project for Colleges and Universities, Governmental Units, Religious Entities

#### IMPORTANT INFORMATION BEFORE BEGINNING YOUR APPLICATION

- Once you have submitted your application, you will receive an email confirmation from gloriap@zsr.org indicating your recent submission.
  - a. When your online account was created for your organization, make sure that the email address is a valid email address without spam blockers or bulk mail filter. All communications will be emailed to the email address that was used when the online account was created.
  - b. If that email address has changed or if you are unsure about the email address used, contact the Foundation at the number provided below.
  - c. If you do not receive confirmation of submission, check your spam mail or junk mail. If not there, you may not have selected the Submit button. Log back into your account and look in the pending applications. If not submitted, open and resubmit the application.
  - d. Add gloriap@zsr.org to your email contacts.
- Save your work frequently by clicking the "Save and Finish Later" button found at the bottom of each page. Please note that saving your application will also trigger an automated email reminder that will include the steps to access a saved application. You may need to close your internet browser completely before logging back into your account. If you don't close, you may be directed to begin a new application.
- Please do not use the back button on your browser; click the tabs at the top of the page of the application to return to a particular section of the application.

- Upon reviewing your application, if red errors display, please correct the information, then click on the "Update" button at the bottom of the page. When all errors are resolved, the final attachment has been created and uploaded, and the "Update" button has been selected; you can submit your application. All questions and required information must be completed and uploaded. If you would like to provide any additional information other than what is required in the application, contact the Foundation.
- Please do not use bullet points, tabs, or other symbols or special characters (e.g., #,(), ", >, <, \*). Our online system does not recognize them. Also, bold and underlined text formatting options will not be displayed within your answers.
- Click the **red check mark** to spell check your narrative.
- Anywhere the blue info-bubble is displayed; there is a help text.
   Please take time to read the information that pertains to that question or selection.
- This application includes calculated fields designed to help you identify any inconsistencies in the data being provided. Please click the calculator symbol and then wait for the page to reload. If you are asked to insert any numbers, please insert whole numbers only - no decimals.
- <u>Do not submit any information to documents@zsr.org</u> <u>(unless directed by Foundation staff).</u>
- 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- ∨

# Z. Smith Reynolds FOUNDATION

#### **Eligibility Assessment**

Progress Reports, Interim Reports, and Final Reports – for former or current grantees:

These reports are no longer provided on our website and can only be assessed through the Grantee's online account. In accordance with our Grantees Acceptance and Understanding (GAU) form (#3, #4, and Submission of Reports), the Grantee is required to submit a report providing how funds are spent and progress made in accomplishing the purpose of the grant. (A sample GAU form can be viewed at www.zsr.org/grantees.)

- Progress Reports A progress report is not required at time of submission. If a progress report is needed - <u>After</u> the application has been submitted, we will provide a progress report(s) in your online account and notify you via email when the form is available and when to submit.
- Interim Reports These reports are required on multi-year Strategic Grants only. (If you received a one-year strategic General Operating Support, one-year Strategic Project or a Small grant, you do not complete an interim report.) The interim report will be placed in your online account and must be submitted eleven (11) months after the previous payment is disbursed. The report must be submitted to us and approved by the Foundation staff before the second or subsequent payments are disbursed.
- Final Reports After the last payment has been disbursed, the final report is due no later than fifteen (15) months from the date of the last payment.

• If a Grantee has received previous grants from the Foundation, all previous reporting requirements that are delinquent must be submitted to and approved by the Foundation before any further release of funds are made. Also, any pending grant applications could potentially not be considered for funding in the current cycle. For more information, please contact the Foundation at 800-443-8319 or 336-725-7541.

I have read and understand the change.

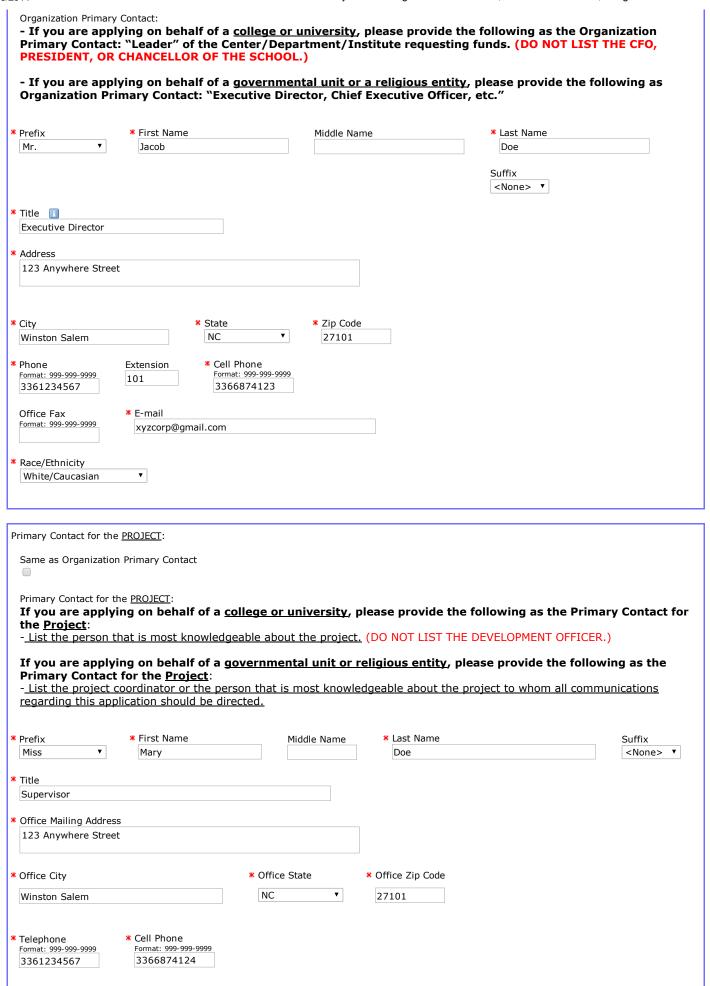
-Select One- ∨

Next



Contact Us |

0	General Information	2 Programmatic Results	3 Financial Budget	4 Final Attachment	5 Review My Application
*	Required before final submissi	ion	General Information	Printer Fri	endly Version   E-mail Draft
G	documents is pdf accepted.	uploading documents as at s. However, we will accept	Excel and Word docum	ents. TIF or JPEG or PN	G formats will <u>NOT</u> be
		our organization does not l tion is applying on your be 7.			
	<pre>sponsorship? If approval was given:     You must apply as a PROJEC     You must provide that organian</pre>	is applying on your behalf as a fis T of that organization and complete a <b>"Project</b> ization's Tax Exempt Certificate. rganization is responsible for the administration	: Support" application.	- ,	for the fiscal
*	xyz corp	rederal tax-exemption certification under Section ender Section en			
*	Office Mailing Address 123 Anywhere Street				
*	City Winston Salem	* State  NC ▼	<b>*</b> Zip Code 27101		
*	FORSYTH	primary headquarters is located			
*	Website xyz@yahoo.com  Telephone Format: 999-999-9999 999-999-9999	Fax Format: 999-999-9999 999-999-999			
	public charities under status is, see the Inter	status under the Internal Revenue IRC Section 509. The 509 status ca nal Revenue Service website under ublications/p557/ch03.html#en_US	n be found on your IRS deterr • <b>Public Charities</b>		
	If your organization is <none> ▼</none>	a section 509(a)(3) supporting org	anization, select the type. [		
	Organization Primary Co	ntact:			



Office Fax
Organization Primary Office Information  If your organization's primary mailing address is different from your physical address, please provide the information requested below.
Physical Street Address
City State Zip Code
Application Information
* Which of the following best describes the focus of your proposal?  (Note: It is not necessary to contact the Foundation with questions regarding this field; simply select the best fit. This information will not negatively affect your grant request.) <select one="">  ▼</select>
* Please enter a short project title.  (If college/university, please list the center/department/institute requesting funds, then the project title.)  ** Organization's Fiscal Year End Date Format: 99/99/9999
* Please briefly describe the work of your organization, including the core programs that support your mission:
Word count 0 of 150
Please briefly describe the project for which you are requesting funding.
Word count 0 of 150
* Has your organization ever received funding through the Small Grants Process?  Yes   Yes
Your organization is eligible for either a one-year or a two-year grant for up to \$35,000 each year (\$70,000 total maximum per application) through this process. If you wish to apply for a larger grant, you should complete the Strategic Grant Application.
Period for which funds are requested:
Small grant requests may not be for more than 24 months.
* Length of Grant: <select one=""> ▼</select>
Start Date 06/01/2015
Please state the requested amount per year for each year.
If you entered 12 months in "Length of Grant" above, enter amount requested in Year 1 box, and 0 in Year 2 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 and enter amount requested in Year 2 box Then in "Enter the total amount being requested" indicate the amount being requested in both years.
* Year 1 Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.

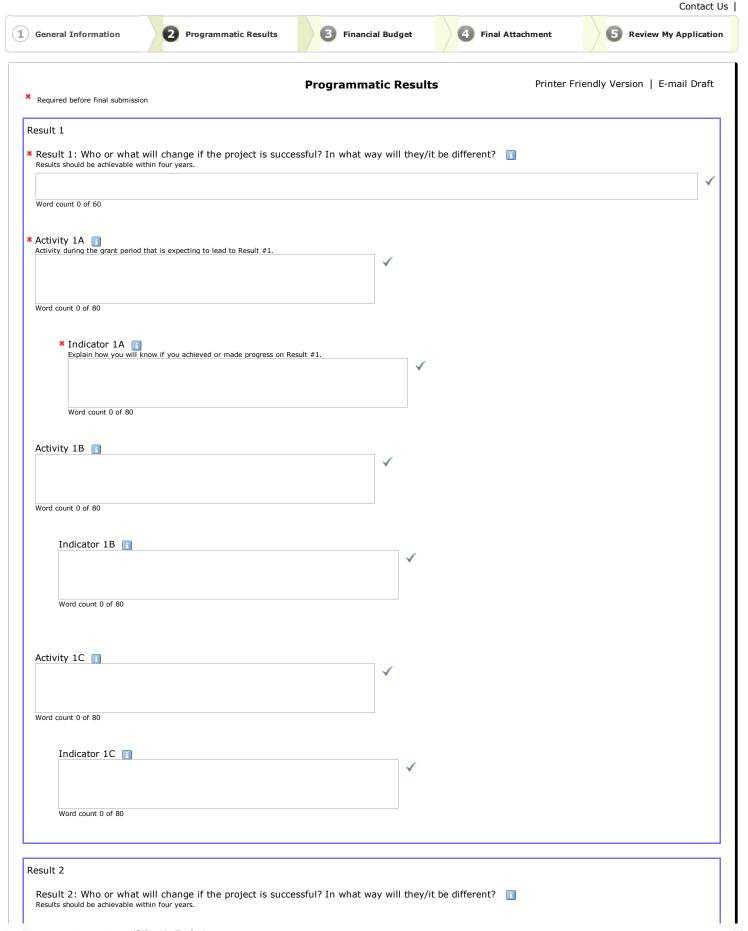
* Year 2 🛐	
Please enter the Please enter "O	total amount WITHOUT any commas, dollar signs or other non numeric character.  " if you are not requesting funding in Year 2.
_	
Enter the total amo	ount being requested and the funding requested in Year 1 + Year 2. Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.
Geographic area in	which work will take place
<select one=""></select>	<b>T</b>
Please select the co	ounty or counties in which your organization will work
All of North Card	
ALAMANCE	
ALEXANDER	
ALLEGHANY	
ANSON	
ASHE	
AVERY	
BEAUFORT	
BERTIE	
BLADEN	
BRUNSWICK	
BUNCOMBE	
BURKE	
CABARRUS	
CALDWELL	
CAMDEN	
CARTERET	
CASWELL	
CATAWBA	
СНАТНАМ	
CHEROKEE	
CHOWAN	
☐ CLAY ☐ CLEVELAND	
COLUMBUS	
CRAVEN	
CUMBERLAND	
CURRITUCK	
DARE	
DAVIDSON	
■ DAVIE	
DUPLIN	
DURHAM	
EDGECOMBE	
FORSYTH	
FRANKLIN	
GASTON	
GATES	
GRAHAM	
GRANVILLE	
GREENE	
GUILFORD	
HALIFAX	
HARNETT	
HAYWOOD	
HENDERSON	
HERTFORD	
HOKE	

HYDE		
☐ IREDELL		
☐ JACKSON		
☐ JOHNSTON		
JONES		
LEE		
LENOIR		
LINCOLN		
☐ MACON		
■ MADISON		
■ MARTIN		
■ MCDOWELL		
MECKLENBURG		
■ MITCHELL		
MONTGOMERY		
■ MOORE		
□NASH		
☐ NEW HANOVER		
□ NORTHAMPTON		
ONSLOW		
ORANGE		
☐ PAMLICO		
☐ PASQUOTANK		
PENDER		
☐ PERQUIMANS		
☐ PERSON		
☐ PITT		
POLK		
RANDOLPH		
RICHMOND		
ROBESON		
ROCKINGHAM		
ROWAN		
RUTHERFORD		
SAMPSON		
SCOTLAND		
STANLY		
STOKES		
SURRY		
SWAIN		
☐ TRANSYLVANIA		
TYRRELL		
UNION		
VANCE		
□ WAKE		
□ WARREN		
■ WASHINGTON		
■ WATAUGA ■ WAYNE		
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WILSON		
☐ YADKIN		
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Staff Information: Number of	f Staff Working On Project.	
* Part-time	* Full-time	Total:
- I al C-ullic	" run unic	0.00 🗟
Gender		

ale	* Female	* Other	Total:	
ace/Ethnicity o not use decimals. Put 0	if not applicable.			
hite/Caucasian (Non Latino	o/Hispanic) * Black/Africa	n American (Non Latino/H	ispanic) <b>*</b> Latino/Hispanic	
nerican Indian or Alaska N	lative	* Asian/Asian American	* Multi-Racial	
* Other Race/Ethnicity	Total:			
rd Information of Applican	t Organization:			
<b>ender</b> ales	<b>*</b> Females	<b>*</b> Other		Total:
				0 🖺
ace/Ethnicity o not use decimals. Put 0 hite/Caucasian (Non Latino		n American (Non Latino/H	ispanic) <b>*</b> Latino/Hispanic	
merican Indian or Alaska N	lative	* Asian/Asian American	* Multi-Racial	
		* Other Race/Ethnicity	Total:	
nappening in more than on Quickfacts) Please enter the percentag	e city or county in NC, pleas	e average the numbers.) ole numbers between 0 t	for which you seek funds will be pe (Note: As a source, ZSR recommen to 100) of each race or ethnic group Put 0 if not applicable.	ds U.S. Census
Vhite/Caucasian (Non Latino	p/Hispanic) * Black/Africa	n American	* Latino/Hispanic	
American Indian or Alaska N	lative	* Asian	* Multi-Racial	
* Other Race/Ethnicity	Total: Must total to 100. 0%			
Name of each board in the second	idence of each board mer oard member;			
Choose File No file chosen Upload				
Poard Information Calactic	on of Mambara			

Please upload one document that contains the following information:  5. Brief explanation of how board members are selected.  Choose File No file chosen  Upload	
Advisory Board	
<ul> <li>If your center, institute, or project has an Advisory Board or Board, please upload one document which contains the information:</li> <li>1. Name of each advisory board member;</li> <li>2. City and State of Residence of each advisory board member;</li> <li>3. Occupation of each advisory board member;</li> <li>4. Race/ethnicity of each advisory board member;</li> <li>5. Email address each advisory board member.  Choose File No file chosen  Upload</li> </ul>	ne following
Equity and Inclusion	
The Foundation actively seeks to promote access, equity, and inclusion and to discourage discrimination based on race, ethnici age, sexual orientation, socio-economic status, and other factors that deny the essential humanity of all people.	ty, gender,
If the racial and/or gender make up of your organization's board is not representative of the demographics in the area served, please how the organization plans to address this circumstance.  (If not applicable, please enter N/A)	explain if and
	<b>✓</b>
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 I	February 2,
2015. I acknowledge the change of time of submission.  Yes   Yes	
2015. I acknowledge the change of time of submission.	

## Z. Smith Reynolds FOUNDATION



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Word count 0 of 60		
activity 2A  ctivity during the grant period that is expecting to lead to Result #2.		
	✓	
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Indicator 2A  Explain how you will know if you achieved or made progress on Result #2.		
	✓	
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Indicator 2B		
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Indicator 2C	✓	
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isula should be achievable within rour years.		
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ctivity 3A  tivity during the grant period that is expecting to lead to Result #3.	$\checkmark$	
ord count 0 of 80		
Indicator 3A []		
Explain how you will know if you achieved or made progress on Result #3.	✓	
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10/2014 S.Maii S	or control of the con
Activity 3B	✓
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Indicator 3B []	✓
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Activity 3C 1	<b>✓</b>
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Indicator 3C	$\checkmark$
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Additional Information	
Please use the following to share any additional information you have no	at had the opportunity to express.
	<b>*</b>
Word count 0 of 400	
Save & Finish	Later Next

## Z. Smith Reynolds FOUNDATION

Contact Us |

**1** General Information

Programmatic Results







**Financial Budget** 

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 Instructions:

#### **FOR COLLEGES AND UNIVERSITIES:**

If you are applying on behalf of an <u>ENTIRE</u> college/university (e.g. UNC-Chapel Hill) or a graduate school (e.g. School of Law) or a department (e.g. Department of History), <u>you ONLY need to submit a Project budget for the period for which you are requesting funds</u> (ITEM #1 BELOW).

If you are applying on behalf of a Center or institute (e.g. Center for Civil Rights, Institute for the Environment), please provide ITEMS #1 THROUGH #4 BELOW.

#### **FOR OTHER GOVERNMENTAL UNITS OR RELIGIOUS ENTITIES:**

If you are applying on behalf of a governmental unit or religious entities that is not a college or university (e.g. City of Winston-Salem or North Carolina Department of Labor), you <u>ONLY</u> need to submit a Project budget for the period for which you are requesting funds (ITEM #1 BELOW).

FOR THE REQUIRED BUDGET ATTACHMENTS (refer to the above instructions as to whether you are required to upload anything other than a project budget):

For a guide to help you determine what year is needed for each budget required below, please refer to the table (in yellow).

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

Note: If you are requesting 18 months or two years of funding, for the Project Budget, you need to include a PROJECT BUDGET YEAR ONE AND a PROJECT BUDGET YEAR TWO.

BUDGET	CALENDAR YEAR	FISCAL YEAR (ENDING IN JUNE)	FISCAL YEAR (ENDING IN SEPTEMBER)
PRIOR YEAR BUDGET and actual revenues & expenses	2014	7/1/13- 6/30/14	10/1/13-9/30/14

CURRENT YEAR BUDGET with year- to date actual revenues & expenses	2015	7/1/14- 6/30/15	10/1/14-9/30/15
NEXT YEAR 1 BUDGET	2016	7/1/15- 6/30/16	10/1/15-9/30/16
NEXT YEAR 2 BUDGET	2017	7/1/16- 6/30/17	10/1/16-9/30/17
PROJECT YEAR 1 BUDGET	6/1/2015- 5/31/2016 or 2016	7/1/15- 6/30/16	10/1/15-9/30/16
PROJECT YEAR 2 BUDGET	6/1/2016- 5/31/2017 or 2017	7/1/16- 6/30/17	10/1/16-9/30/17

1. Budget Information: Project Budget

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

IF YOU ARE REQUESTING ONE YEAR OF FUNDING: In a separate column(s) within the project budget, list each line item of what the ZSR grant funds would cover.

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

Please refer to our website at http://zsr.org/sample-budgets on the format of the project budget.

\* Budget - Project Budget

We need the Project Budget(s) and **must include the following**:

- In the General Information section of this application, if you selected 12 months in Length of Grant, we need a project budget for just PROJECT BUDGET YEAR ONE.
- In the General Information section of this application, if you selected MORE THAN 12 months in Length of Grant, we need a project budget for PROJECT BUDGET YEAR ONE & PROJECT BUDGET YEAR TWO. **Each year needs to be uploaded separately**.
- Revenues budgeted by line item.
- Expenses budgeted by line item.
- In a separate column for each year of the project budget, list the following:
  - 1. Revenue Amount requested from ZSR.
  - 2. Expenses Each line item that ZSR's grant would cover.
  - 3. From the General Information section of this application, the amount requested in each year must be the same as listed in ZSR's total amount in each year of the project

budget.

Budget – Project Budget Year One
Choose File No file chosen
Upload

Budget - Project Budget Year Two
Choose File No file chosen
Upload

2. Budget Information: Prior Year

Please refer to our website at http://zsr.org/sample-budgets on the format of the Prior Year's budget.

Budget - Prior Year

We need the Prior Year's Budget (either fiscal or calendar year– depending on your organization's year-ending date) and in a single document, it must include the following:

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

Choose File No file chosen
Upload

3. Budget Information: Current Year

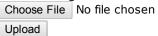
Please refer to our website at http://zsr.org/sample-budgets on the format of the Current Year's budget.

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.



4. 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 <u>MORE THAN 12</u> 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.)
- If the Length of Grant covers 6 months into another year, include that budget for the entire year.
- Revenues budgeted by line item.
- Expenses budgeted by line item.
- If your organization is an out-of-state organization, we need the NC next year's budget or years' budgets.

Budget - Next Year One
Choose File No file chosen
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Budget - Next Year Two

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Choose File No file chosen Upload	
	Save & Finish Later Next

## Z. Smith Reynolds FOUNDATION

Contact Us |

1 General Information

General Information

2

Programmatic Results



Financial Budget





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.
- 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.

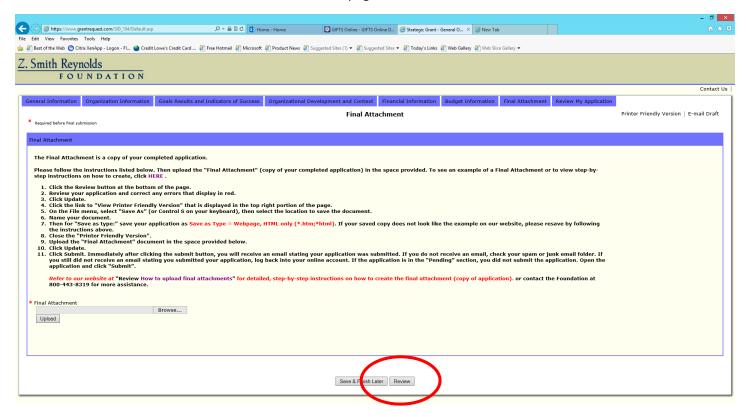
\* Final Attachment

Choose File No file chosen

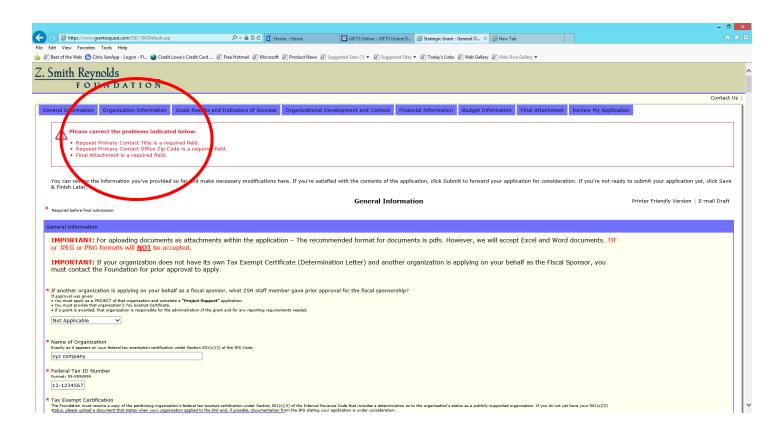
Upload

#### INSTRUCTIONS TO CREATE FINAL ATTACHMENT (COPY OF APPLICATION)

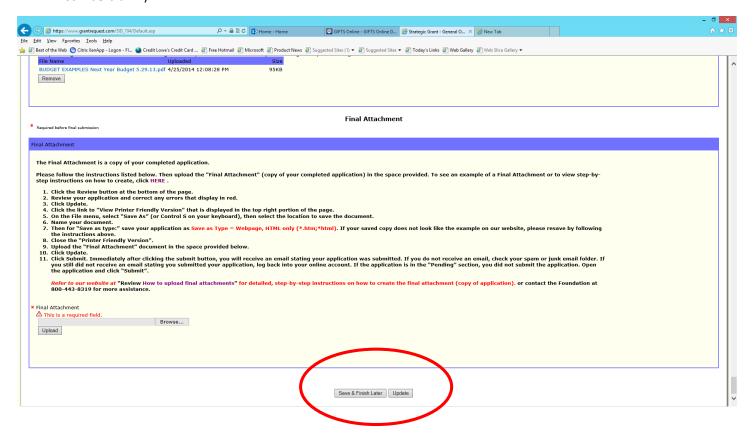
Click the "Review" button at the bottom of the page.



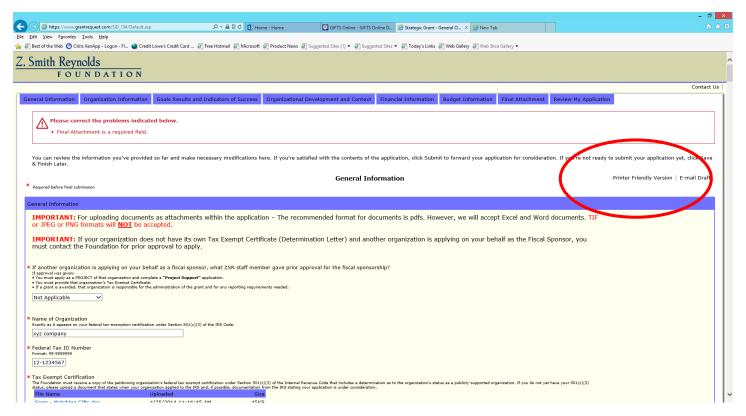
2. After clicking the "Review" button, if there are any errors, they will be indicated at the beginning of the application. Scroll through the application for the errors and correct.



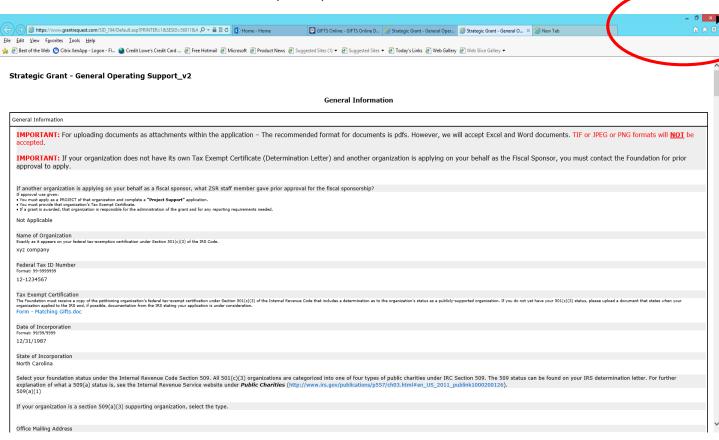
3. Scroll to the bottom of the application. Select the "Update" button. (Note that the Final Attachment field will still be blank.)



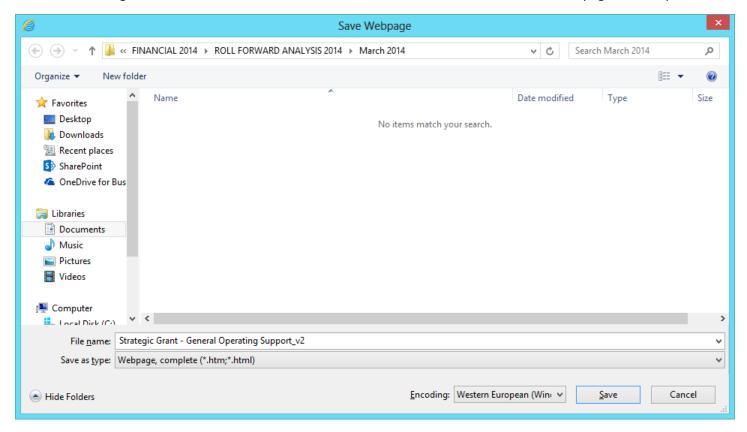
4. From the top of the application, select "Printer Friendly Version" to view the application.



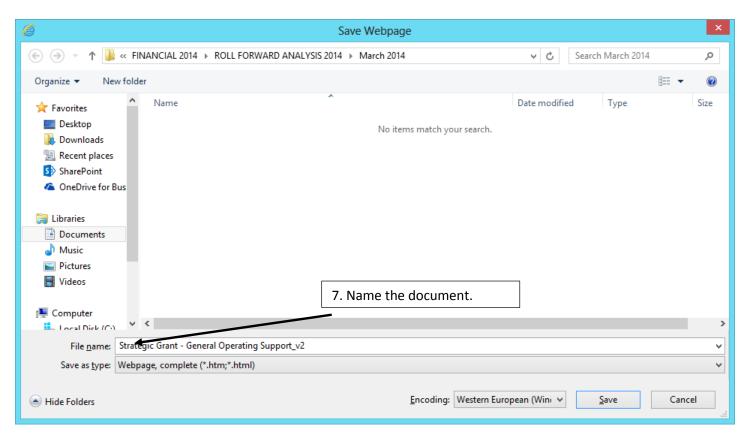
5. A tab opens with a viewable copy of the application. Select the "cog" at the top right of the page. If that symbol is not available, do a "Control S" from your keyboard.



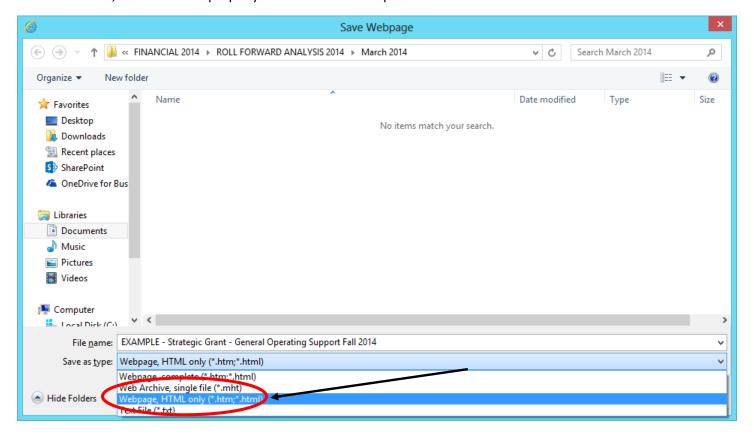
6. If the "Cog" is selected, do "File" then "Save As". If the "Control S" is done, a Save Webpage screen opens.



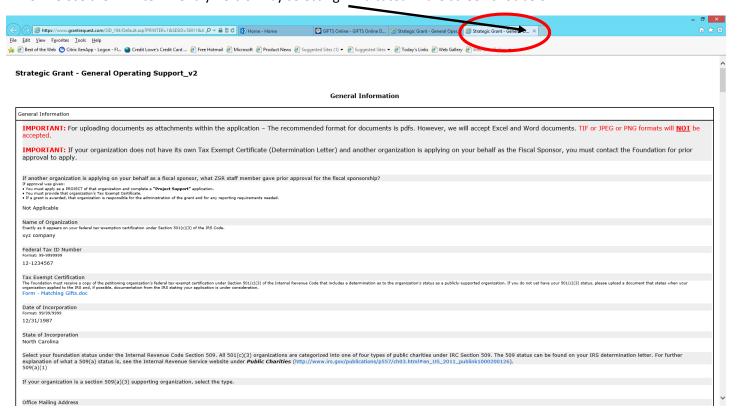
7. Once the above screen is open, in "File Name:" name the document, but do not save the document just yet.



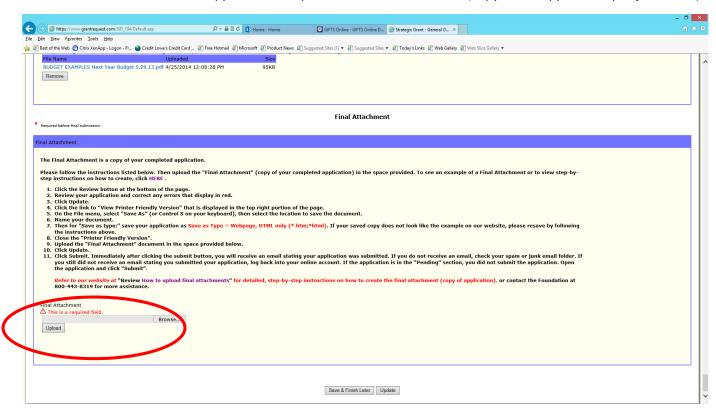
8. For the "Save as type", make sure to select "Webpage, HTML only (\*.htm;\*.html)". If it is not saved in this method, it will not save properly and we will not accept.



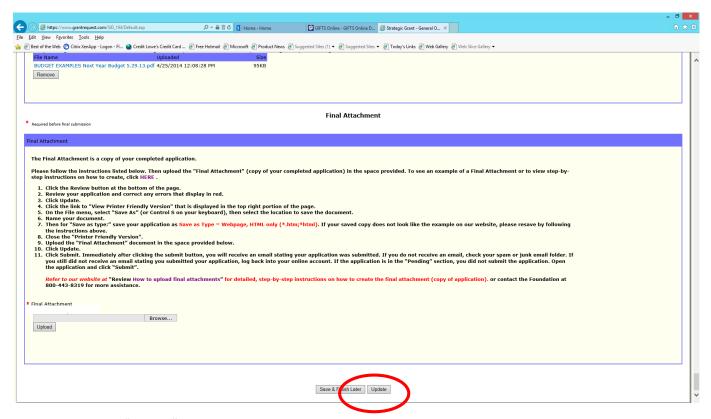
9. Close the "Printer Friendly Version" by selecting x indicated in the screen shot below.



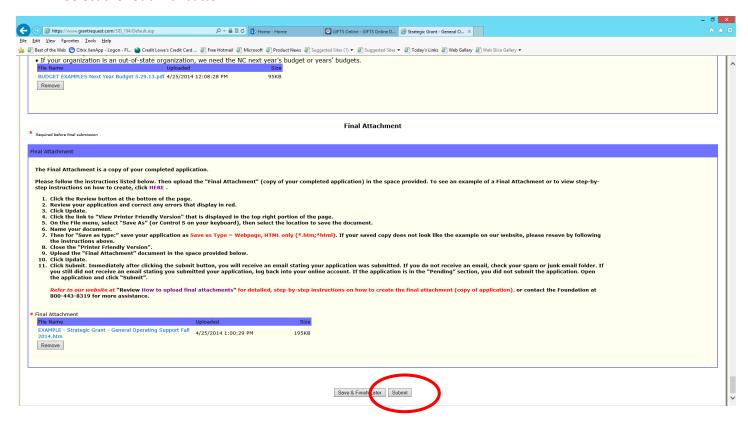
10. Scroll to the bottom of the application to upload the Final Attachment (copy of the application you just saved).



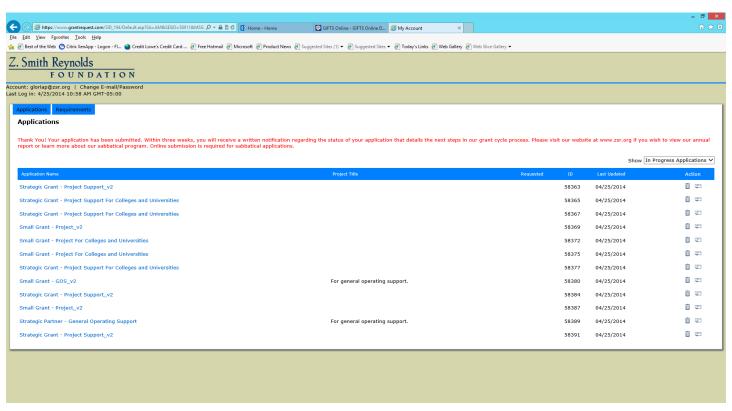
#### 11. Select the "Update" button.

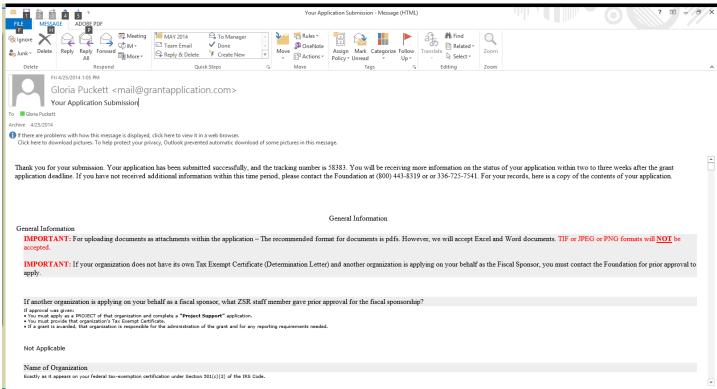


#### 12. Select the "Submit" button.



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)

#### Small Grant - Project For Colleges and Universities

#### General Information

General Information

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

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

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

If approval was given:

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

Not Applicable

Name of Organization

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

xyz corp

Federal Tax ID or Federal EIN Number (NOT State EIN Number)

Format: 99-999999

10854861

Office Mailing Address

123 Anywhere Street

City State Zip Code Winston Salem NC 27101

County in which your primary headquarters is located

**FORSYTH** 

Website

xyz@yahoo.com

Telephone Fa

Format: 999-999-9999 999-999-999 999-999-999 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).

Governmental Unit/Other

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

	Organization	Primary	/ Contact:
--	--------------	---------	------------

Organization Primary Contact:

- If you are applying on behalf of a <u>college or university</u>, please provide the following as the Organization Primary Contact: "Leader" of the Center/Department/Institute requesting funds. (DO NOT LIST THE CFO, PRESIDENT, OR CHANCELLOR OF THE SCHOOL.)
- If you are applying on behalf of a <u>governmental unit or a religious entity</u>, please provide the following as Organization Primary Contact: "Executive Director, Chief Executive Officer, etc."

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

Title

**Executive Director** 

Address

123 Anywhere Street

City State Zip Code Winston Salem NC 27101

Phone Format: 999-999-9999

3361234567

Extension 101

Cell Phone

101 Format: 999-999-9999 3366874123

Office Fax

E-mail

Format: 999-999-9999

xyzcorp@gmail.com

Race/Ethnicity
White/Caucasian

Primary Contact for the **PROJECT**:

Same as Organization Primary Contact

No

Primary Contact for the **PROJECT**:

### If you are applying on behalf of a <u>college or university</u>, please provide the following as the Primary Contact for the <u>Project</u>:

 List the person that is most knowledgeable about the project. (DO NOT LIST THE DEVELOPMENT OFFICER.)

### If you are applying on behalf of a governmental unit or religious entity, please provide the following as the Primary Contact for the <u>Project</u>:

- <u>List the project coordinator or the person that is most knowledgeable about the project to whom all communications regarding this application should be directed.</u>

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

Title

Supervisor

Office Mailing Address

123 Anywhere Street

Office City Office State Office Zip Code

Winston Salem NC 27101

Telephone Cell Phone

Format: 999-999-9999 Format: 999-999-9999 3361234567 3366874124

Office Fax E-mail

Format: 999-999-9999 xyz1corp@gmail.com

Organization Primary Office Information

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

Physical Street Address

123 Anywhere Street

City State Zip Code Winston Salem NC 27101

**Application Information** 

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

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

Community Economic Development

Organization's Fiscal Year Please enter a short project title. (If college/university, please list the center/department/institute requesting funds, then the project **End Date** Format: 99/99/9999 Institute of Smaller Learning - Helping Children 06/30/2015 Please briefly describe the work of your organization, including the core programs that support your mission: **TFST** Please briefly describe the project for which you are requesting funding. **TEST** Has your organization ever received funding through the Small Grants Process? Your organization is eligible for either a one-year or a two-year grant for up to \$35,000 *each year* (\$70,000 total maximum per application) through this process. If you wish to apply for a larger grant, you should complete the Strategic Grant Application. Period for which funds are requested: Small grant requests may not be for more than 24 months. Length of Grant: 12 Months Start Date 06/01/2015 Please state the requested amount per year for each year. If you entered 12 months in "Length of Grant" above, enter amount requested in Year 1 box, and 0 in Year 2 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 and enter amount requested in Year 2 box. Then in "Enter the total amount being requested" indicate the amount being requested in both years. Year 1 Year 2 Please enter the total amount WITHOUT any commas, dollar signs or other non numeric Please enter the total amount WITHOUT character. any commas, dollar signs or other non 35000 numeric character. Please enter "0" if you are not requesting funding in Year 2. Enter the total amount being requested The total amount requested must equal to the funding requested in Year 1 + Year 2. Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.

35000

Geographic area in which work will take place
SINGLE-COUNTY

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

Staff Information: Number of Staff Working On Project.					
Part-time Full-time 0 2	Total: 2.00				
Gender					
Male Female Other 1 1 0	Total:				
Race/Ethnicity Do not use decimals. Put 0 if not applicable.					
White/Caucasian (Non Latin 1	o/Hispanic)	Black/African Ameri 1	can (Non Latino/l	Hispanic)	Latino/Hispanic 0
American Indian or Alaska N O	lative Asiaı 0	n/Asian American	Multi-Racial O	Other Race/E	thnicity <b>Total</b> :
					2
Board Information of Applicant Organization:					
Gender					
Males Females Oth 2 2 0	er Total:				
Race/Ethnicity Do not use decimals. Put 0 if not applicable.					
White/Caucasian (Non Latin 1	o/Hispanic)	Black/African Ameri 1	can (Non Latino/ŀ	Hispanic)	Latino/Hispanic 1
American Indian or Alaska N	lative Asiaı	n/Asian American	Multi-Racial	Other Race/E	thnicity
0	1		0	0	Total:
					4
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

58 20 12

American Indian or Alaska Native Asian Multi-Racial Other Race/Ethnicity Total:
0 0 0 Must total to 100.

100% 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:

Proposal Checklist Nov 2012 STRATEGIC GOS PROJECT PARTNER with and without reporting.doc

Board Information - Selection of Members

Please upload one document that contains the following information:

5. Brief explanation of how board members are selected.

Proposal Checklist MAY 2013 STRATEGIC GOS PROJECT PARTNER with and without reporting.doc

#### **Advisory Board**

If your center, institute, or project has an Advisory Board or Board, please upload one document which contains the following information:

- 1. Name of each advisory board member;
- 2. City and State of Residence of each advisory board member;
- 3. Occupation of each advisory board member;
- 4. Race/ethnicity of each advisory board member;
- 5. Email address each advisory board member.

Proposal Checklist MAY 2013 COLLEGES UNIVERSITIES GOVERNMENTAL UNITS SMALL STRATEGIC PROJECT.doc

#### 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.

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

TEST

\*The Z. Smith Reynolds Foundation is changing the time for submission of the online grant application to 12:00 pm on February 2, 2015. I acknowledge the change of time of submission.

Yes

#### **Programmatic Results**

Result 1

Result 1: Who or what will change if the project is successful? In what way will they/it be different? Results should be achievable within four years.

**TEST** 

Activity 1A

Activity during the grant period that is expecting to lead to Result #1.

TEST

Indicator 1A

Explain how you will know if you achieved or made progress on Result #1.

**TEST** 

Activity 1B Indicator 1B

TEST TEST

Activity 1C Indicator 1C

TEST TEST

Result 2

Result 2: Who or what will change if the project is successful? In what way will they/it be different?

Results should be achievable within four years.

TEST2

Activity 2A

Activity during the grant period that is expecting to lead to Result #2.

TEST2

Indicator 2A

Explain how you will know if you achieved or made progress on Result #2.

TEST2

Activity 2B Indicator 2B

TEST2 TEST2

Activity 2C Indicator 2C

TEST2 TEST2

_	-	_
Resu	. 1 +	റ
RUSI		- 5

Result 3: Who or what will change if the project is successful? In what way will they/it be different? Results should be achievable within four years.

TEST3

Activity 3A

Activity during the grant period that is expecting to lead to Result #3. TEST3

Indicator 3A

Explain how you will know if you achieved or made progress on Result #3.

TEST3

Activity 3B TEST3

Indicator 3B

TEST3

Activity 3C TEST3 Indicator 3C

TEST3

#### Additional Information

Please use the following to share any additional information you have not had the opportunity to express. TEST

#### Financial Budget

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 Instructions:** 

#### FOR COLLEGES AND UNIVERSITIES:

If you are applying on behalf of an <u>ENTIRE</u> college/university (e.g. UNC-Chapel Hill) or a graduate school (e.g. School of Law) or a department (e.g. Department of History), <u>you ONLY need to submit a Project budget for the period for which you are requesting funds</u> (ITEM #1 BELOW).

If you are applying on behalf of a Center or institute (e.g. Center for Civil Rights, Institute for the Environment), please provide ITEMS #1 THROUGH #4 BELOW.

#### FOR OTHER GOVERNMENTAL UNITS OR RELIGIOUS ENTITIES:

If you are applying on behalf of a governmental unit or religious entities that is not a college or university (e.g. City of Winston-Salem or North Carolina Department of Labor), you <u>ONLY need to submit a Project budget for the period for which you are requesting funds</u> (ITEM #1 BELOW).

FOR THE REQUIRED BUDGET ATTACHMENTS (refer to the above instructions as to whether you are required to upload anything other than a project budget):

For a guide to help you determine what year is needed for each budget required below, please refer to the table (in yellow).

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

Note: If you are requesting two years of funding, for the Project Budget, you need to include a PROJECT BUDGET YEAR ONE AND a PROJECT BUDGET YEAR TWO.

BUDGET	CALENDAR YEAR	FISCAL YEAR (ENDING IN JUNE)	FISCAL YEAR (ENDING IN SEPTEMBER)
PRIOR YEAR BUDGET and actual revenues & expenses	2014	7/1/13- 6/30/14	10/1/13-9/30/14
CURRENT YEAR BUDGET with year- to date actual revenues & expenses	2015	7/1/14- 6/30/15	10/1/14-9/30/15
NEXT YEAR 1 BUDGET	2016	7/1/15- 6/30/16	10/1/15-9/30/16
NEXT YEAR 2 BUDGET	2017	7/1/16- 6/30/17	10/1/16-9/30/17
PROJECT YEAR 1 BUDGET	6/1/2015- 5/31/2016 or 2016	7/1/15- 6/30/16	10/1/15-9/30/16

1. Budget Information: Project Budget

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

IF YOU ARE REQUESTING ONE YEAR OF FUNDING: In a separate column(s) within the project budget, list each line item of what the ZSR grant funds would cover.

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

Please refer to our website at <a href="http://zsr.org/sample-budgets">http://zsr.org/sample-budgets</a> on the format of the project budget.

Budget - Project Budget

We need the Project Budget(s) and must include the following:

- In the General Information section of this application, if you selected 12 months in Length of Grant, we need a project budget for just PROJECT BUDGET YEAR ONE.
- In the General Information section of this application, if you selected MORE THAN 12 months in Length of Grant, we need a project budget for PROJECT BUDGET YEAR ONE & PROJECT BUDGET YEAR TWO. <u>Each year needs to be uploaded separately</u>.
- Revenues budgeted by line item.
- Expenses budgeted by line item.
- In a separate column for each year of the project budget, list the following:
  - 1. Revenue Amount requested from ZSR.
  - 2. Expenses Each line item that ZSR's grant would cover.
  - 3. From the General Information section of this application, the amount requested in each year must be the same as listed in ZSR's total amount in each year of the project budget.

Budget – Project Budget Year One SAMPLE - Budget-Project Budget.pdf

Budget - Project Budget Year Two

SAMPLE - Budget-Project Budget\_VER\_1.PDF

)	Budaet	Information:	<b>Prior</b> Year

Please refer to our website at <a href="http://zsr.org/sample-budgets">http://zsr.org/sample-budgets</a> 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 <u>in a single document</u>, <u>it must include the following</u>:

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

SAMPLE - Budget-Prior Fiscal Year.pdf

3. 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.

SAMPLE - Budget-Current Fiscal Year.pdf

4. Budget Information: Next Year

Please refer to our website at <a href="http://zsr.org/sample-budgets">http://zsr.org/sample-budgets</a> 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>MORE THAN 12</u> <u>months in Length of Grant</u>, we need a budget for NEXT YEAR ONE and NEXT YEAR TWO (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 SAMPLE -Budget-Next Fiscal Year.pdf

Budget - Next Year Two

#### 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