IMPORTANT INFORMATION BEFORE BEGINNING YOUR APPLICATION

• Once you have submitted your application, you will receive an email confirmation from gloriap@zsr.org indicating your recent submission.

  a. When your online account was created for your organization, make sure that the email address is a valid email address without spam blockers or bulk mail filter. All communications will be emailed to the email address that was used when the online account was created.

  b. If that email address has changed or if you are unsure about the email address used, contact the Foundation at the number provided below.

  c. If you do not receive confirmation of submission, check your spam mail or junk mail. If not there, you may not have selected the Submit button. Log back into your account and look in the pending applications. If not submitted, open and resubmit the application.

  d. Add gloriap@zsr.org to your email contacts.

• Save your work frequently by clicking the "Save and Finish Later" button found at the bottom of each page. Please note that saving your application will also trigger an automated email reminder that will include the steps to access a saved application. You may need to close your internet browser completely before logging back into your account. If you don't close, you may be directed to begin a new application.

• Please do not use the back button on your browser; click the tabs at the top of the page of the application to return to a particular section of the application.
• Upon reviewing your application, if red errors display, please correct the information, then click on the "Update" button at the bottom of the page. When all errors are resolved, the final attachment has been created and uploaded, and the "Update" button has been selected; you can submit your application. All questions and required information must be completed and uploaded. **If you would like to provide any additional information other than what is required in the application, contact the Foundation.**

• Please do not use bullet points, tabs, or other symbols or special characters (e.g., #,(),",>,<,*) Our online system does not recognize them. Also, bold and underlined text formatting options will not be displayed within your answers.

• Click the **red check mark** to spell check your narrative.

• Anywhere the blue info-bubble is displayed; there is a help text. Please take time to read the information that pertains to that question or selection.

• This application includes calculated fields designed to help you identify any inconsistencies in the data being provided. Please click the calculator symbol and then wait for the page to re-load. If you are asked to insert any numbers, please insert whole numbers only - no decimals.

• **Do not submit any information to documents@zsr.org (unless directed by Foundation staff).**

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

If other questions arise while working on this application, visit our website at **www.zsr.org**. If you cannot find the answer to your questions, call us at (800) 443-8319 or (336) 725-7541.

**I have read and understand the above information.**

[Select One-]
Eligibility Assessment

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

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

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

- **Interim Reports – These reports are required on multi-year Strategic Grants only.** (If you received a one-year strategic General Operating Support, one-year Strategic Project or a Small grant, you do not complete an interim report.) The interim report will be placed in your online account and must be submitted eleven (11) months after the previous payment is disbursed. The report must be submitted to us and approved by the Foundation staff before the second or subsequent payments are disbursed.

- **Final Reports** – After the last payment has been disbursed, the final report is due no later than fifteen (15) months from the date of the last payment.
• If a Grantee has received previous grants from the Foundation, all previous reporting requirements that are delinquent must be submitted to and approved by the Foundation before any further release of funds are made. Also, any pending grant applications could potentially not be considered for funding in the current cycle. **For more information, please contact the Foundation at 800-443-8319 or 336-725-7541.**

**I have read and understand the change.**

-Select One-  

Next
General Information

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

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

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

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

  <Select One>

**Name of Organization**

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

**xyz corp**

**Federal Tax ID Number**

Format: 99-9999999

**10854861**

**Tax Exempt Certification**

The Foundation must receive a copy of the petitioning organization's federal tax-exempt certification under Section 501(c)(3) of the Internal Revenue Code that includes a determination as to the organization's status as a publicly-supported organization. If you do not yet have your 501(c)(3) status, please upload a document that states when your organization applied to the IRS and, if possible, documentation from the IRS stating your application is under consideration.

[Choose File] [No file chosen]

**Date of Incorporation**

Format: 99/99/9999

12/31/1944

**State of Incorporation**

North Carolina

Select your foundation status under the Internal Revenue Code Section 509. All 501(c)(3) organizations are categorized into one of four types of public charities under 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]

**Office Mailing Address**

123 Anywhere Street
County in which your primary headquarters is located

FORSYTH

City
Winston Salem

State
NC

Zip Code
27101

Telephone
Format: 999-999-9999
999-999-999

Fax
Format: 999-999-9999
999-999-999

Website
xy2@yahoo.com

Organiization Primary Contact: Provide information for the chief executive of the organization. (aka executive director)

Prefix
Mr.

First Name
Jacob

Last Name
Doe

Middle Name

Suffix
<None>

Title
Executive Director

Address
123 Anywhere Street

City
Winston Salem

State
NC

Zip Code
27101

Phone
Format: 999-999-9999
3361234567

Extension
101

Cell Phone
Format: 999-999-9999
3366874123

Office Fax
Format: 999-999-9999

E-mail
xyzcorp@gmail.com

Race/Ethnicity
White/Caucasian

Primary Contact: Please provide the following information for the person to whom all communication regarding this application should be directed (if college/university, list project coordinator).

Same as Organization Primary Contact

Prefix
Miss

First Name
Mary

Last Name
Doe

Middle Name

Suffix
<None>

Title
Supervisor

Office Mailing Address
123 Anywhere Street

Office City
Winston Salem

Office State
NC

Office Zip Code
27101

Telephone
Format: 999-999-9999
3361234567

Cell Phone
Format: 999-999-9999
3366874124
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>

Please enter a short 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

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>

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

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

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

- Part-time
- Full-time

Total:

0.00
Board Information: Please enter a number between 0 and 999

Gender

Male  Female  Other  Total:

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:

Board Information: Please enter a number between 0 and 999

Gender

Males  Females  Other  Total:

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:

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:

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;
Board Information - Selection of Members

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

Choose File | No file chosen
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.

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

Word count 0 of 150

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

Yes

Save & Finish Later  Next
**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.

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

- **Indicator 1A**  
  Explain how you will know if you achieved or made progress on Result #1.

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

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

Activity 2B

Indicator 2B

Activity 2C

Indicator 2C

Result 3
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.

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

Indicator 3A
Explain how you will know if you achieved or made progress on Result #3.
Activity 3B

Indicator 3B

Activity 3C

Indicator 3C

Save & Finish Later  Next
### Financial Budget

**Actual Income and Expenses**

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

#### Year 1 - Most Recent Year

<table>
<thead>
<tr>
<th>Fiscal Year End Date</th>
<th>Were the amounts for year 1 audited?</th>
<th>Income Amount</th>
<th>Expenses Amount</th>
<th>Year 1 Diff Calc</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

#### Year 2

<table>
<thead>
<tr>
<th>Fiscal Year End Date</th>
<th>Were the amounts for year 2 audited?</th>
<th>Income Amount</th>
<th>Expenses Amount</th>
<th>Year 2 Diff Calc</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

#### Year 3

<table>
<thead>
<tr>
<th>Fiscal Year End Date</th>
<th>Were the amounts for year 3 audited?</th>
<th>Income Amount</th>
<th>Expenses Amount</th>
<th>Year 3 Diff Calc</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

In the last three years, has your organization ended with a deficit? If yes, please explain why.

Word count: 0 of 50
Budget Information: Audit

Have your organization's finances been professionally audited in the past three years?

[ ] Yes

Audit Letters/Exceptions

During the past three years, 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.

[ ] Choose File
[ ] No file chosen

[ ] Upload

Do not upload your 990 return.

---

Sustainability Information

How do you plan to sustain your organization financially in the future?

Include in your answers current funders, methods of attracting new contributors, alternative sources of earned income and any ways in which you might reduce costs.

[ ] Upload

Word count: 0 of 150

---

Additional Information

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

[ ] Upload

Word count: 0 of 400

---

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.

**FOR THE REQUIRED BUDGET ATTACHMENTS:**

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

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

*Note: If you are requesting 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.*

<table>
<thead>
<tr>
<th>BUDGET</th>
<th>CALENDAR YEAR</th>
<th>FISCAL YEAR (ENDING IN JUNE)</th>
<th>FISCAL YEAR (ENDING IN SEPTEMBER)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIOR YEAR BUDGET and actual revenues &amp; expenses</td>
<td>2014</td>
<td>7/1/13-6/30/14</td>
<td>10/1/13-9/30/14</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CURRENT YEAR BUDGET with year-to-date actual revenues &amp; expenses</td>
<td>2015</td>
<td>7/1/14-6/30/15</td>
<td>10/1/14-9/30/15</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Budget Information: **Prior Year**

Please refer to our website at [http://zsr.org/sample-budgets](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 Information: **Current Year**

Please refer to our website at [http://zsr.org/sample-budgets](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 Information: **Next Year**

Please refer to our website at [http://zsr.org/sample-budgets](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 One**
  
  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 **MORE THAN 12 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 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 **upload each year’s project budget separately**.

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

---

**Budget - 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 **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
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.
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.

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)**

<table>
<thead>
<tr>
<th>Application Name</th>
<th>Project Title</th>
<th>Scored</th>
<th>ID</th>
<th>Last Updated</th>
<th>Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Grant - Project Support_v2</td>
<td></td>
<td>50</td>
<td>15360</td>
<td>04/25/2014</td>
<td></td>
</tr>
<tr>
<td>Strategic Grant - Project Support For Colleges and Universities</td>
<td></td>
<td>50</td>
<td>15360</td>
<td>04/25/2014</td>
<td></td>
</tr>
<tr>
<td>Strategic Grant - Project Support For Colleges and Universities</td>
<td></td>
<td>50</td>
<td>15367</td>
<td>04/25/2014</td>
<td></td>
</tr>
<tr>
<td>Small Grant - Project_v2</td>
<td></td>
<td>50</td>
<td>15369</td>
<td>04/25/2014</td>
<td></td>
</tr>
<tr>
<td>Small Grant - Project For Colleges and Universities</td>
<td></td>
<td>50</td>
<td>15372</td>
<td>04/25/2014</td>
<td></td>
</tr>
<tr>
<td>Small Grant - Project For Colleges and Universities</td>
<td></td>
<td>50</td>
<td>15375</td>
<td>04/25/2014</td>
<td></td>
</tr>
<tr>
<td>Strategic Grant - Project Support For Colleges and Universities</td>
<td></td>
<td>50</td>
<td>15377</td>
<td>04/25/2014</td>
<td></td>
</tr>
<tr>
<td>Strategic Grant - GST_v2</td>
<td></td>
<td>50</td>
<td>15380</td>
<td>04/25/2014</td>
<td></td>
</tr>
<tr>
<td>Strategic Grant - Project Support_v2</td>
<td></td>
<td>50</td>
<td>15384</td>
<td>04/25/2014</td>
<td></td>
</tr>
<tr>
<td>Small Grant - Project_v2</td>
<td></td>
<td>50</td>
<td>15387</td>
<td>04/25/2014</td>
<td></td>
</tr>
<tr>
<td>Strategic Partner - General Operating Support</td>
<td></td>
<td>50</td>
<td>15390</td>
<td>04/25/2014</td>
<td></td>
</tr>
<tr>
<td>Strategic Grant - Project Support_v2</td>
<td></td>
<td>50</td>
<td>15391</td>
<td>04/25/2014</td>
<td></td>
</tr>
</tbody>
</table>

Thank you for your submission. Your application has been submitted successfully, and the tracking number is 15383. You will be receiving more information on the status of your application within two to three weeks after the grant application deadline. If you have not received additional information within this time period, please contact the Foundation at (800) 443-8319 or 336-725-7741. For your records, here is a copy of the contents of your application.

**General Information**

**IMPORTANT:** For uploading documents as attachments within the application – The recommended format for documents is pdf. 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?

- [ ] Yes, and who gave approval?
- [ ] No, please provide documentation of the Fiscal Sponsorship.
- [ ] No, if a grant is awarded, the organization is responsible for the administration of the grant and for any reporting requirements.

- [ ] Not Applicable

Name of Organization

Exhibit 12-2 appears on your federal tax-exempt certification under Section 501(c)(3) of the IRS Code.
<table>
<thead>
<tr>
<th>General Information</th>
</tr>
</thead>
</table>

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

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

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

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

Not Applicable

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

xyz corp

**Federal Tax ID Number**
Format: 99-9999999

10854861

**Tax Exempt Certification**
The Foundation must receive a copy of the petitioning organization's federal tax-exempt certification under Section 501(c)(3) of the Internal Revenue Code that includes a determination as to the organization's status as a publicly-supported organization. If you do not yet have your 501(c)(3) status, please upload a document that states when your organization applied to the IRS and, if possible, documentation from the IRS stating your application is under consideration.

**ADDITIONAL REQUIREMENT CARD for site visits 2.18.14.pdf**

**Date of Incorporation**
Format: 99/99/9999

12/31/1999

**State of Incorporation**
North Carolina

Select your foundation status under the Internal Revenue Code Section 509. All 501(c)(3) organizations are categorized into one of four types of public charities under IRC Section 509. The 509 status can be found on your IRS determination letter. For further explanation of what a 509(a) status is, see the Internal Revenue Service website under [Public Charities](http://www.irs.gov/publications/p557/ch03.html#en_US_2011_publink1000200126).

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

Type III

Office Mailing Address
123 Anywhere Street

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winston Salem</td>
<td>NC</td>
<td>27101</td>
</tr>
</tbody>
</table>

County in which your primary headquarters is located
FORSYTH

Website
xyz@yahoo.com

Telephone
Format: 999-999-9999
999-999-999

Fax
Format: 999-999-9999
999-999-999

Organization Primary Contact: Provide information for the chief executive of the organization. (aka executive director)

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr.</td>
<td>Jacob</td>
<td></td>
<td>Doe</td>
<td>&lt;None&gt;</td>
</tr>
</tbody>
</table>

Title
Executive Director

Address
123 Anywhere Street

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winston Salem</td>
<td>NC</td>
<td>27101</td>
</tr>
</tbody>
</table>

Phone
Format: 999-999-9999
3361234567

Extension
101

Cell Phone
Format: 999-999-9999
3366874123

Office Fax
Format: 999-999-9999

E-mail
xyzcorp@gmail.com

Race/Ethnicity
White/Caucasian

PRIMARY CONTACT: Please provide the following information for the person to whom all communication regarding this application should be directed (if college/university, list project coordinator).

Same as Organization Primary Contact
No
Prefix
Miss
First Name
Mary
Middle Name
Last Name
Doe
Suffix
<None>

Title
Supervisor

Office Mailing Address
123 Anywhere Street

Office City
Winston Salem
Office State
NC
Office Zip Code
27101

Telephone
3361234567
Cell Phone
3366874124

Office Fax
E-mail
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
Winston Salem
State
NC
Zip Code
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.)

Social Justice and Equity

Please enter a short project title.
Working for the good of children project

Organization's Fiscal Year End Date
Format: 99/99/9999
12/31/2014

Please briefly describe the work of your organization, including the core programs that support your mission:
TEST

Please briefly describe the project for which you are requesting funding?
TEST
Has your organization ever received funding through the Small Grants Process?
No

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:
24 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
Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.
30000

Year 2
Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.
30000

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.
60000

Geographic area in which work will take place
MULTI-COUNTY

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

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

<table>
<thead>
<tr>
<th>Part-time</th>
<th>Full-time</th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>4</td>
<td>8.00</td>
</tr>
</tbody>
</table>
### Gender

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Other</th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>6</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

### Race/Ethnicity

*Do not use decimals. Put 0 if not applicable.*

<table>
<thead>
<tr>
<th>White/Caucasian (Non Latino/Hispanic)</th>
<th>Black/African American (Non Latino/Hispanic)</th>
<th>Latino/Hispanic</th>
<th>American Indian or Alaska Native</th>
<th>Asian/Asian American</th>
<th>Multi-Racial</th>
<th>Other Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>0</td>
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<td>0</td>
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<td></td>
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<td>Total:</td>
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<td>Total:</td>
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<tr>
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<td></td>
<td>8</td>
<td></td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

### Board Information: Please enter a number between 0 and 999

### Gender

<table>
<thead>
<tr>
<th>Males</th>
<th>Females</th>
<th>Other</th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

### Race/Ethnicity

*Do not use decimals. Put 0 if not applicable.*

<table>
<thead>
<tr>
<th>White/Caucasian (Non Latino/Hispanic)</th>
<th>Black/African American (Non Latino/Hispanic)</th>
<th>Latino/Hispanic</th>
<th>American Indian or Alaska Native</th>
<th>Asian/Asian American</th>
<th>Multi-Racial</th>
<th>Other Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total:</td>
<td></td>
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<td>Total:</td>
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<td></td>
<td>Total:</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>White/Caucasian (Non Latino/Hispanic)</th>
<th>Black/African American (Non Latino/Hispanic)</th>
<th>Latino/Hispanic</th>
<th>American Indian or Alaska Native</th>
<th>Asian/Asian American</th>
<th>Multi-Racial</th>
<th>Other Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>4</td>
<td>2</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Total:</td>
<td></td>
<td></td>
<td>Total:</td>
<td></td>
<td></td>
<td>Total:</td>
</tr>
<tr>
<td>Must total to 100.</td>
<td></td>
<td></td>
<td>100</td>
<td></td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>
**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;

*Retrieval error for requirements.docx*

**Board Information - Selection of Members**

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

*example.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.

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)

---

*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.

**Indicator 1A**

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

<table>
<thead>
<tr>
<th>Activity 1B</th>
<th>Indicator 1B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST</td>
<td>TEST</td>
</tr>
</tbody>
</table>

## Activity 1C

<table>
<thead>
<tr>
<th>Activity 1C</th>
<th>Indicator 1C</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST</td>
<td>TEST</td>
</tr>
</tbody>
</table>

## 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.

<table>
<thead>
<tr>
<th>Activity 2A</th>
<th>Indicator 2A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity during the grant period that is expecting to lead to Result #2.</td>
<td>Explain how you will know if you achieved or made progress on Result #2.</td>
</tr>
<tr>
<td>TEST2</td>
<td>TEST2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity 2B</th>
<th>Indicator 2B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST2</td>
<td>TEST2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity 2C</th>
<th>Indicator 2C</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST2</td>
<td>TEST2</td>
</tr>
</tbody>
</table>

## Result 3

**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.

<table>
<thead>
<tr>
<th>Activity 3A</th>
<th>Indicator 3A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity during the grant period that is expecting to lead to Result #3.</td>
<td>Explain how you will know if you achieved or made progress on Result #3.</td>
</tr>
<tr>
<td>TEST3</td>
<td>TEST3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity 3B</th>
<th>Indicator 3B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST3</td>
<td>TEST3</td>
</tr>
</tbody>
</table>
# Financial Budget

## Actual Income and Expenses

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

## Year 1 - Most Recent Year

<table>
<thead>
<tr>
<th>Fiscal Year End Date</th>
<th>Were the amounts for year 1 audited?</th>
<th>Income Amount</th>
<th>Expenses Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/2014</td>
<td>No</td>
<td>28000</td>
<td>26541</td>
</tr>
</tbody>
</table>

## Year 2

<table>
<thead>
<tr>
<th>Fiscal Year End Date</th>
<th>Were the amounts for year 2 audited?</th>
<th>Income Amount</th>
<th>Expenses Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/2013</td>
<td>No</td>
<td>25500</td>
<td>19751</td>
</tr>
</tbody>
</table>

## Year 3

<table>
<thead>
<tr>
<th>Fiscal Year End Date</th>
<th>Were the amounts for year 3 audited?</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/2012</td>
<td>No</td>
</tr>
</tbody>
</table>
In the last three years, has your organization ended with a deficit? If yes, please explain why.

TEST3

Budget Information: Audit

Have your organization's finances been professionally audited in the past three years?

No

Audit Letters/Exceptions

During the past three years, 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.

BUDGET EXAMPLES Balance Sheet and Income Statement 12.6.13.pdf

Do not upload your 990 return.

Sustainability Information

How do you plan to sustain your organization financially in the future?

Include in your answers current funders, methods of attracting new contributors, alternative sources of earned income and any ways in which you might reduce costs.

TEST

Additional Information

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

TEST

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.**

**FOR THE REQUIRED BUDGET ATTACHMENTS:**

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

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

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

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

Budget Information: **Prior Year**
### Budget Information: *Prior Year*

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

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

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

[BUDGET EXAMPLES Prior Year Budget 12.6.13.pdf](http://zsr.org/sample-budgets)

### Budget Information: *Current Year*

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

We need the Current Year’s Approved Budget (either fiscal or calendar year-- depending on your organization’s year-ending date) and **in single document, it must include the following:**

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

[BUDGET EXAMPLES Current Year Budget 12.6.13.pdf](http://zsr.org/sample-budgets)

### Budget Information: *Next Year*

Please refer to our website at [http://zsr.org/sample-budgets](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.
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 MORE THAN 12 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
BUDGET EXAMPLES Next Year Budget 12.6.13.pdf

Budget - Next Year Two
BUDGET EXAMPLES Next Year Budget 12_VER_1.PDF

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 upload each year’s project budget separately.

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

Budget - Project Budget

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

- In the General Information section of this application, if you selected 12 months in Length of Grant, we need a 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
BUDGET EXAMPLES Project Budget 12.6.13.pdf

Budget - Project Budget Year Two
BUDGET EXAMPLES Project Budget 12_VER_1.PDF

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.