Eligibility Assessment

The Z. Smith Reynolds Foundation is restricted to making grants to charitable, tax-exempt, 501(c)(3) organizations, colleges/universities, religious entities, public schools, and government units for programs and projects that serve the people of North Carolina. Out-of-state charitable organizations are eligible to apply for funds to support projects operating in North Carolina.

Is your organization a 501(c)3 and in good standing with the IRS?
Or
Are you a College/University, Public School, Governmental Unit, or Religious Entity?
Or
Do you have a pending application with the IRS for 501(c)3 status?

-Select One-
Eligibility Assessment

I understand that with only rare exceptions, the Foundation does not fund the following under the State-Level Systemic Change Strategy:

- Academic and medical research
- Animal species preservation or rehabilitation
- Building projects or renovations
- Capital campaigns
- Conferences, seminars, or symposiums
- Civic clubs
- Endowment funds
- Equipment, furniture, or computer purchases
- Environmental education centers and programs for children
- Fraternal organizations
- Fundraising events
- Greenways
- Individual schools, or projects that support a limited number of schools within a school district, or a limited number of schools in multiple school districts
- Individual early childhood centers, or out-of-school time programs
- Teacher professional development
- Pre-K through 12th grade public school curriculum development and/or implementation
- Initiatives promoting religious education or doctrine
- Land purchases
- Overhead and indirect costs for colleges and universities
- Organizations or projects that focus exclusively on direct services (for example, child abuse treatment and prevention services, homeless shelters, health care services, etc.)
- Payment of debts
- Plant species preservation
- Preservation of historic properties
- Private business ventures
- Scholarships
- Supplemental educational programs such as summer camps, athletic teams, drop-out prevention programs, and youth vocational and character development programs

In addition, ZSR is legally prohibited from funding voter registration. ZSR is also prohibited from giving money to organizations that support or oppose individual candidates or who work to influence election outcomes.

I understand that with only rare exceptions, the Foundation will not fund these items.

-Select One-
Eligibility Assessment

The Foundation has provided several documents on the website to inform your grant proposal.

It is important that you review the following:

- ZSR’s core values
- State-Level Systemic Change Vision and Strategy Statement
- State-Level Systemic Change Issue Area Descriptions
- Frequently Asked Questions

I have read and understand these documents.

[Select One:] ✔

Next
Eligibility Assessment

Covid-19 has changed the world in which we live, and its full ramifications are not yet known. Therefore, Z. Smith Reynolds Foundation seeks to be responsive, flexible, and adaptive during this time of uncertainty. We want to be supportive of our longstanding grantee partners who are continuing to work towards state-level systemic change, and at the same time remain open to new ideas and opportunities, some of which may be the result of the COVID-19 pandemic.

To this end, we will hold an open cycle in order to remain receptive to new ideas and opportunities; however, our funding availability is extremely limited for this Fall Cycle.

The State-Level Systemic Change Fall Open Cycle will be for new applicants that do not receive funding from us in 2020 (even if you have received ZSR funding in previous years), and for grantees who are receiving funding in 2020 but would like to apply for a grant to do new work that is different from their current ZSR grant. If this describes your proposal, proceed with this application. If you have questions, you may email info@zsr.org or call 336-725-7541 to discuss.

The deadline for online application submission is July 23, 2020 at 12:00 pm, noon.

I agree to the submission deadline.
Eligibility Assessment

IMPORTANT INFORMATION BEFORE BEGINNING YOUR APPLICATION

- Once you have submitted your application, you will receive an email confirmation from gloriap@zsr.org or mail@grantapplication.com indicating your application was submitted.
  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 or clutter filter. **All application 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 an email confirmation of submission, check your clutter folder, spam mail or junk mail. If the email is not there, you may not have selected the Submit button. Log back into your account and look in the pending applications. If the application has not been submitted, open and resubmit the application.
  d. Add gloriap@zsr.org or mail@grantapplication.com to your email contacts.

- The online system is not compatible with the following Browsers: Google Chrome or Microsoft Edge. If used, problems may arise with submission.

- 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.

- 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 and the Update button has been selected; you can submit your application. All questions and required information must be completed.
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.

For informational purposes, print these instructions for reference. 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- ✓

Submit
This grant application is for the Z. Smith Reynolds Foundation's State-Level Systemic Change grant opportunity. It is important that you review the Foundation's core values and State-Level Systemic Change Vision and Strategy Statement as they guide the Foundation's State-Level Systemic Change grantmaking. In addition, please review the Frequently Asked Questions document and the Rarely Fund list to be sure this is the right grant opportunity for your proposal.

If you have questions email info@zsr.org or call 336-725-7541.

**IMPORTANT: Grant Application Deadline**

The Z. Smith Reynolds Foundation's online State-Level Systemic Change grant application submission time and date is Thursday, July 23, 2020 at 12:00 pm (Noon).

1.1 General Information - ORGANIZATION

**IMPORTANT: SAVE YOUR WORK Often!** A time-out box will appear to remind you to save your work. If you do not save before the expiration, any unsaved work will be lost!

**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 you are a tax exempt 501(c)(3) organization applying as the fiscal sponsor for another organization that has not been determined by the IRS to be exempt from federal income tax, you must contact the Foundation at info@zsr.org for prior approval to apply.**

**Name of Organization**

- Write the name of your organization exactly as it appears on the Internal Revenue Service (IRS) letter that certifies your organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. (This is sometimes referred to as an IRS tax-exempt determination letter or certification letter.)

**Organization's Office Mailing Address**

**City**

**State**

**Zip Code**

**Telephone**

Format: 999-999-9999

**Fax**

Format: 999-999-9999

**County in which your organization’s primary headquarters is located. (If your primary headquarters is not located in North Carolina, select “Outside North Carolina”.)**

- Select One -

**Website**

**Date of Incorporation**

Format: 99/99/9999

**TAX EXEMPT CERTIFICATION**

**Federal Tax ID Number**

Format: 99-99999999

**State Listed on IRS Letter**

From your Federal tax-exempt certification (IRS Determination Letter), please select the state listed in your address portion of the letter. (NOTE: Do not list the state from the address of the IRS or Department of the Treasury.)
The Foundation must receive a copy of the Internal Revenue Service (IRS) letter that certifies your organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code.

If any of the following situations apply to your organization’s tax-exempt status, please do as indicated below for the situation(s) that applies to your organization.

a. ORGANIZATION NAME CHANGE:
If you have submitted a name change to the IRS and have not received an updated IRS tax-exempt certification letter recognizing your new name, submit your most current tax-exempt certification letter.

b. APPLIED TO IRS BUT WAITING FOR TAX EXEMPT CERTIFICATION:
If you have applied to the IRS for tax-exempt status but you do not yet have your IRS tax-exempt certification letter, 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.

► Please be aware that if a grant were to be awarded, payment of the grant could not be made until ZSR has receipt of the IRS letter that certifies your organization is tax-exempt under Section 501(c)(3) of the Internal Revenue Code.

c. YOU ARE APPLYING AS A FISCAL SPONSOR FOR ANOTHER ORGANIZATION:
If you are a tax exempt 501(c)(3) organization applying as the fiscal sponsor for another organization that has not been determined by the IRS to be exempt from federal income tax, you must contact the Foundation at info@zsr.org for prior approval to apply.

If you received approval from ZSR to apply as a fiscal sponsor:
► You must apply for a PROJECT grant;
► You must upload the fiscal sponsor organization’s tax-exempt certificate from the IRS; and
► If a grant is awarded, as fiscal sponsor you should understand that the Z. Smith Reynolds Foundation is making this grant to you, the fiscal sponsor organization, and will look to you for the accomplishment of the project and for administration of the grant and any reporting requirements.

If you are a Fiscal Sponsor of another organization, what ZSR staff member gave you prior approval to apply as a fiscal sponsor?

► Tax Exempt Certification
Please upload the appropriate information from a., b., or c. above.

Upload

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 IRS 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_publink1004360126](http://www.irs.gov/publications/p557/ch03.html#en_US_2011_publink1004360126)).

Select One

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

<None>

ORGANIZATION’S PRIMARY CONTACT: Provide information for the chief executive of the tax-exempt organization applying (can also be known as the Executive Director, CEO or President).

**If you are applying on behalf of a college or university, please provide the following as the Organization Primary Contact: “Leader or Head” of the Center/Department/Institute requesting funds. (DO NOT LIST THE CFO, PRESIDENT, OR CHANCELLOR OF THE COLLEGE OR UNIVERSITY.)

Prefix

First Name

Middle Name

Last Name

Suffix

Title

Address

City

State

Zip Code
### 1.2 General Information - REQUEST

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

*If you are applying on behalf of a college or university, please provide the person that is most knowledgeable about the project as the request's primary contact. (DO NOT LIST THE DEVELOPMENT OFFICER if they are not the person most knowledgeable about the work being proposed.)*

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>First Name</td>
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<td>Prefix</td>
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<td>E-mail</td>
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<td>Race/Ethnicity</td>
<td>- Select One -</td>
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<tr>
<td>Gender</td>
<td>- Select One -</td>
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<tr>
<td>Title</td>
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<tr>
<td>Title</td>
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<tr>
<td>Primary Contact's Office Mailing Address</td>
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<td>Office City</td>
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<td>E-mail</td>
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</tbody>
</table>

### ORGANIZATION'S NORTH CAROLINA PRIMARY OR CENTRAL OFFICE INFORMATION

If your organization's primary or central office is not in North Carolina, under “County” please select “OUTSIDE NORTH CAROLINA”.

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>County Work Location</td>
<td></td>
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<tr>
<td>NC County where the organization's primary or central office is located.</td>
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</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

### 1.3 General Information - ORGANIZATION'S MISSION AND CORE PROGRAMS

Please briefly state your organization's mission.

Word limit: 150
The Z. Smith Reynolds Foundation's State-Level Systemic Change online grant application deadline is 12:00 pm Noon on Thursday, July 23, 2020.

I acknowledge I must submit my application online to ZSR no later than 12:00pm on Thursday, July 23, 2020.
### 2. Proposal Summary

<table>
<thead>
<tr>
<th>2.1 Please provide a brief summary of the work proposed in this application.</th>
<th>Word limit: 150</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2 Please provide a summary of your short-term goals or benchmarks for the work you are proposing and your timeline for achieving them during the grant period.</td>
<td>Word limit: 300</td>
</tr>
</tbody>
</table>
3. Proposal Narrative

This proposal narrative is the primary opportunity for you to more fully explain your grant application to the Foundation.

As a reminder, the State-Level Systemic Change grantmaking is guided by the Foundation's core values and State-Level Systemic Change Vision and Strategy Statement. The Foundation's SLSC grantmaking seeks to remove structural barriers and improve outcomes for North Carolinians across four priority areas: Advancing Public Education; Fostering a Healthy and Sustainable Environment; Promoting Social and Economic Justice; and Strengthening Democracy. The Foundation also focuses on issues and opportunities that cut across two or more of these priority areas or that arise at the intersection of these priority areas.

Thus, within the State-Level Systemic Change Strategy, ZSR seeks to invest in local, regional and state organizations that are willing to work together toward a collective vision of state-level systemic change that allows all North Carolinians to have the resources and opportunities necessary to achieve their full potential and where each person's worth and dignity is affirmed. The Foundation recognizes that this work is embedded in an ever-changing context, and the Foundation understands that organizations must reflect upon their work and the changing environment to determine if their initial goals and tactics are still moving toward the change they seek.

3.1 The Organization's focus, context and path to systemic change
Please describe your organization's proposed work towards state-level systemic change. You do not need to write about these topics in this order, but your narrative should include:

+ Your issue area(s) of focus and what you are hoping to achieve over the period of the grant.
+ The core strategies and approaches you plan to use.
+ How your organization is working at the local, regional or state level to contribute toward making state-level systemic change.
+ The context in which you are working, including challenges, barriers, opportunities or points where you can leverage change.
+ If you find it helpful, please include an example(s).

Word limit: 1500

Word count: 0 of 1500

3.2 Constituencies
The Foundation prioritizes work targeted at improving opportunities and outcomes with and for populations who have been historically marginalized, subjected to discrimination, or excluded from full participation in society. Please describe the constituencies that are engaged in and/or impacted by your work.

Word limit: 300

Word count: 0 of 300

3.3 Networks and Complementary Strategies
The Foundation believes that lasting state-level systemic change is most likely to be achieved and sustained through the combined efforts of networks of local, regional, and statewide organizations working across constituencies, geographies, issues, and lines of difference and using multiple strategies and approaches towards common or aligned goals.

+ Please describe the organizations with which you plan to work during the grant period, the goals you share, and whether this is a new or existing partnership.
+ You may wish to describe the unique strengths and assets your organization brings to the larger effort to achieve state-level systemic change in your issue area(s). If applicable, how does your work amplify or complement the work of others?

Word limit: 500

Word count: 0 of 500

3.4 Impact COVID-19
Please provide any other relevant description of how COVID-19 has impacted your work to-date, and how you anticipate it affecting your work in the future. This may include, for example, changes to your organization, staffing, finances, strategies, programs, and/or constituencies you serve, if you have not already described this in the previous questions.
3.5 Additional Thoughts

Is there anything else you would like to share about your organization or the work you are proposing?

(Please note this section is optional.)
4. Application Information

This information assists the Foundation to better process your application. Please answer the following questions:

4.1 Your Issue Area:

As described in the previous sections, the Foundation has a particular focus on state-level systemic change work in four priority areas: Advancing Public Education; Fostering a Healthy and Sustainable Environment; Promoting Social and Economic Justice; and Strengthening Democracy. Furthermore, the Foundation recognizes that some organizations are also doing work that cuts across two or more of these issues or that arises at the intersection of these priority areas.

Please select ONE priority area that is most aligned with the work described in your proposal. This selection assists ZSR in processing your application and is not intended to indicate a limitation on your work; the Foundation recognizes your organization’s work may in fact fit in more than one priority area.

- Select One -

If you chose Cross-Cutting as your priority area, please explain why you feel the issues cross more than one priority area.

Word count 0 of 50

4.2 Funding Type/Amount:

The Foundation recognizes that State-Level Systemic Change work requires ongoing and consistent funding. While the Foundation will not provide multi-year support to all grantees within this strategy, the Foundation prefers to provide multi-year general operating support.

For what type of support are you applying?

- Type of Support
  - Select One -

Please enter one of the following:

(If requesting funds for general operating support, put For general operating support.

(For requesting funds for a college/university, please list the center/department/institute requesting funds, then the project title.)

Word count 25

Period for which funds are requested:

- Length of Grant
  - Select One -

Please state the requested amount per year for each year.

If you entered 12 months in Length of Grant above, enter amount requested in Year 1 box, 0 in Year 2 box, and 0 in Year 3 box. Then enter the total amount being requested.

If you entered 24 months in Length of Grant above, enter amount requested in Year 1 box, enter amount requested in Year 2 box, and 0 in Year 3 box. Then enter the total amount being requested in all years.

If you entered 36 months in Length of Grant above, enter amount requested in Year 1 box, enter amount requested in Year 2 box, and enter amount requested in Year 3 box. Then enter the total amount being requested in all years.
Year 1
Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.

Enter the total amount being requested
The total amount requested must equal the funding requested in Year 1, Year 2 & Year 3.
Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.

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

4.3 Organizational or Project Expenses:
For General Operating Support Only:
In the previous question 4.2, if you indicated you are applying for General Operation Support for this application, please enter your organization's prior year total expenses.
If your organization is an out-of-state organization, we need the NC prior year's actual expenses.
If your organization is applying as the fiscal sponsor for another group, we need the fiscal sponsor's prior year's actual expenses.

For Project Support Only:
In the previous question 4.2, if you indicated you are applying for Project Support for this application, please enter the year-one total expenses of the project.
Organizational Or Project Expenses
Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.

4.4 Geographic Scope:
a. Please Indicate the Geographic Scope of your work.
- Select One -

b. Please Select Counties Served. (Select all that apply)
If you select All 100 Counties as your selection, do not select a county or multiple counties.

4.5 Staff Information:
a. Please describe the make up of your staff. Enter a number between 0 and 999,999. Do not use decimal points. If you do not have staff that meets the requirements, place a 0 in the box. (The box cannot be left blank.)

b. Gender Identity of Staff

Race/Ethnicity of Staff
Do not use decimals. Put 0 if not applicable.
### 4.6 Executive Leadership:

Please indicate the demographic information of your organization's executive level staff (staff with decision-making authority), including the Executive Director/President/CEO and any others with executive management authority. Enter a number between 0 and 999,999. Do not use decimal points. If you do not have executive staff that meet the requirements, place a 0 in the box. (The box cannot be left blank.)

**a. Number of staff on Executive-Leadership team (including executive director):**

<table>
<thead>
<tr>
<th>Full Time Executive Leadership Staff</th>
<th>Part Time Executive Leadership Staff</th>
<th>Total Executive Leadership Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**b. Race/Ethnicity - What is the race/ethnicity make up of the Executive-Leadership team?**

Do not use decimals. Put 0 if not applicable.

<table>
<thead>
<tr>
<th>White/Caucasian Executive Leadership (Non Latinx/Hispanic)</th>
<th>Black/African American Executive Leadership (Non Latinx/Hispanic)</th>
<th>Latinx/Hispanic Executive Leadership</th>
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<table>
<thead>
<tr>
<th>American Indian/Native American or Alaska Native Executive Leadership</th>
<th>Asian/Asian American Executive Leadership</th>
<th>Multi-Racial Executive Leadership</th>
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</table>

<table>
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<tr>
<th>Other Executive Leadership</th>
<th>Total Race/Ethnicity Executive Leadership</th>
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<tbody>
<tr>
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<td>0</td>
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</table>

**c. Gender Identity - What is the gender make up of the Executive-Leadership team?**

<table>
<thead>
<tr>
<th>Males on Executive-Level Staff</th>
<th>Females on Executive-Level Staff</th>
<th>Other on Executive-Level Staff</th>
<th>Total Gender-Executive-Leadership Staff</th>
</tr>
</thead>
<tbody>
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</table>

### 4.7 Board Information:

Please describe the make up of your board. Enter a number between 0 and 999,999. Do not use decimal points. If you do not have board members that meet the requirements, place a 0 in the box. (The box cannot be left blank.)

**Gender Identity of Board**

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

**Race/Ethnicity of Board**

Do not use decimals. Put 0 if not applicable.

<table>
<thead>
<tr>
<th>White/Caucasian (Non Latinx/Hispanic)</th>
<th>Black/African American (Non Latinx/Hispanic)</th>
<th>Latinx/Hispanic</th>
<th>American Indian/Native American or Alaska Native</th>
<th>Asian/Asian American</th>
<th>Multi-Racial</th>
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</table>

<table>
<thead>
<tr>
<th>Other Race/Ethnicity</th>
<th>Total:</th>
</tr>
</thead>
<tbody>
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<td>0</td>
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</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 only 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 Latinx/Hispanic)
- Black/African American (Non Latinx/Hispanic)
- Latinx/Hispanic
- American Indian/Native American or Alaska Native
- Asian/Asian American
- Multi-Racial
- Other Race/Ethnicity

**Total:** Must total to 100%

0%

4.9 Additional Board Information:

**Upload additional board information.**

- 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.

- Advisory Board

**FOR COLLEGES/UNIVERSITIES ONLY:**

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. Gender Identity of each advisory board member;
5. Race/ethnicity of each advisory board member.
5. Management Letters and/or Audit Exceptions

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. DO NOT UPLOAD YOUR 990.

Management Letters and/or Audit Exceptions

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In completing the following sections below, 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.

**If a budget is required, upload a budget, even if it is a draft. If not included, the application would be considered incomplete and delays the review process.**

EXCEPTIONS: The organization is new and has no prior year budget or prior year actuals. The organization is less than 3 months into its calendar or fiscal year. In this instance, current year actuals would not be needed. (A document would need to be uploaded that states either of the exceptions listed.)

**FOR THE REQUIRED BUDGET ATTACHMENTS:**

The table (below in yellow) is to be used as a guide in determining what budget is needed and what year the budget should cover.

**Next Year Budget:**
If you are requesting 24 months of funding, for the Next Year Budget, you need to include NEXT YEAR ONE BUDGET AND NEXT YEAR TWO BUDGET.
If you are requesting 36 months of funding, for the Next Year Budget, you need to include NEXT YEAR ONE BUDGET, NEXT YEAR TWO BUDGET, AND NEXT YEAR THREE BUDGET.

**Project Budget:**
If you are requesting 24 months of funding, for the Project Budget, you need to include PROJECT BUDGET YEAR ONE AND PROJECT BUDGET YEAR TWO.
If you are requesting 36 months of funding, for the Project Budget, you need to include PROJECT BUDGET YEAR ONE, PROJECT BUDGET YEAR TWO, AND PROJECT BUDGET YEAR THREE.

**If your year ends in December, use the Calendar Year column as a reference.** If your year ends in June, use the Fiscal Year (Ending in June) column as a reference. If your year ends in September, use the Fiscal Year (Ending in September) column as a reference.

<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 Actual Revenues &amp; Expenses</td>
<td>2019</td>
<td>7/1/19-6/30/20</td>
<td>10/1/18-9/30/19</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>2020</td>
<td>7/1/20-6/30/21</td>
<td>10/1/19-9/30/20</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
<td>----------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>NEXT YEAR 1 BUDGET</td>
<td>2021</td>
<td>7/1/21-6/30/22</td>
<td>10/1/20-9/30/21</td>
</tr>
<tr>
<td>NEXT YEAR 2 BUDGET</td>
<td>2022</td>
<td>7/1/22-6/30/23</td>
<td>10/1/21-9/30/22</td>
</tr>
<tr>
<td>NEXT YEAR 3 BUDGET</td>
<td>2023</td>
<td>7/1/23-6/30/24</td>
<td>10/1/22-9/30/23</td>
</tr>
</tbody>
</table>
## 5.1 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 Actual Revenues and Expenses**
  
  We need the Prior Year’s Actual revenues received and expenses paid (either fiscal or calendar year– depending on your organization’s year-ending date).
  
  Please include each of the prior year actuals that correspond with the Prior Year Budgets uploaded above. If more than one budget must be submitted in this section, combine into one document and label each budget accordingly.


## 5.2 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 Budgeted**
  
  We need the Current Year’s Approved Budget (either fiscal or calendar year– depending on your organization’s year-ending date) and it must include the following:
  
  - Amount budgeted-revenues and expenses-for the current year by line item. **If an approved budget is not available, furnish a draft until the approved budget is available.**
  - In addition to, 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 the fiscal sponsor's current year’s budget in addition to your current year's budget.
  
  If more than one budget must be submitted in this section, combine into one document and label each budget accordingly.


- **Budget - Current Year Actual Revenues and Expenses**
  
  We need the current year to date actual revenues received and expenses paid and it must include the following:
  
  - Actual year-to-date revenues received by line item.
  - 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.)
  
  Please include each of the current year actuals that correspond with the Current Year Budgets uploaded above. If more than one budget must be submitted in this section, combine into one document and label each budget accordingly.
5.3 Budget Information: Next Year

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

- **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.**
    - **If you are requesting 12 months of funding, we need a budget for just NEXT YEAR ONE.**
    - **If you are requesting 24 months of funding, we need a budget for NEXT YEAR ONE and NEXT YEAR TWO (uploaded separately).** (Please refer to the chart above in yellow.)
    - **If you are requesting 36 months of funding, we need a budget for NEXT YEAR ONE, NEXT YEAR TWO, and NEXT YEAR THREE (uploaded separately).** (Please refer to the chart above in yellow.)
    - Revenues budgeted by line item.
    - Expenses budgeted by line item.
    - In addition to, if your organization is an out-of-state organization, we need the NC next year’s budget or years’ budgets.
    - If the Length of Grant covers 6 months into another year, include that budget for the entire year.

If more than one budget must be submitted in year one, or in year two, or in year three below, combine into one document and label each budget accordingly. (For example: For the next year one budget if your organization is an out-of-state organization and has an NC budget, as well, combine the organization next year one budget and NC next year one budget into one document and label each.)

5.4 Budget Information: Project Budget

(*If you are requesting general operating support, DO NOT COMPLETE THIS SECTION. Project support budgets are NOT required for General Operating Support applications.)

**IMPORTANT:** Each project budget uploaded below must have two columns – one column for the entire project budget for that year (include both revenues and expenses) and one column that is a breakdown of what ZSR funds would cover in that year.

Please refer to our website at http://zsr.org/sample-budgets on the format of the project budget.
We need the Project Budget(s) for the following:

- If you are requesting **12 months of funding**, we need a budget for **PROJECT BUDGET YEAR ONE**.
- If you are requesting **24 months of funding**, we need a budget for **PROJECT BUDGET YEAR ONE** and **PROJECT BUDGET YEAR TWO** (uploaded separately). (Please refer to the chart above in yellow.)
- If you are requesting **36 months of funding**, we need a budget for **PROJECT BUDGET YEAR ONE**, **PROJECT BUDGET YEAR TWO**, and **PROJECT BUDGET YEAR THREE** (uploaded separately). (Please refer to the chart above in yellow.)

**Each year's project budget must include:**

- **Column one** - list the following:
  1. All revenues budgeted by line item for the project for that year.
  2. All expenses budgeted by line item for the project for that year.

- **Column two** - list the following:
  1. Revenue - Amount requested from ZSR for that year.
  2. Expenses - Each line item that ZSR's grant would cover for that year.
  3. From the Application 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. (For example: In year one you requested $50,000 from ZSR. In column two revenues would be $50,000 and expenses would total $50,000.)

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**Budget – Project Budget Year One**

Upload

**Budget – Project Budget Year Two**

Upload

**Budget – Project Budget Year Three**

Upload

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