Contact Us |

Please enter your Tax ID:
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The Z. Smith Reynolds Foundation is restricted to making grants to charitable, tax-exempt, 501(c)(3) organizations, colleges/universities, religious entities 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?

Do you have a pending application with the IRS for 501(c)3 status?

-Select One-

Next

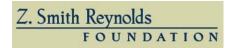
I understand that with only rare exceptions, the Foundation does not fund the following under the State-Level Systemic Change Strategy:

- 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, early childhood centers, or out-of-school time programs
- Initiatives promoting religious education or doctrine
- Land purchases
- Overhead and indirect costs for colleges and universities
- $\bullet$  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

  Voter Registration which ZSR is legally prohibited from funding

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

-Select One-



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





The deadline for online application submission is  $\underline{\text{August 1, 2018}}$  at 12:00 pm (noon).

I agree to the submission deadline.

-Select One-

Next

### 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 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 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 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.

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.

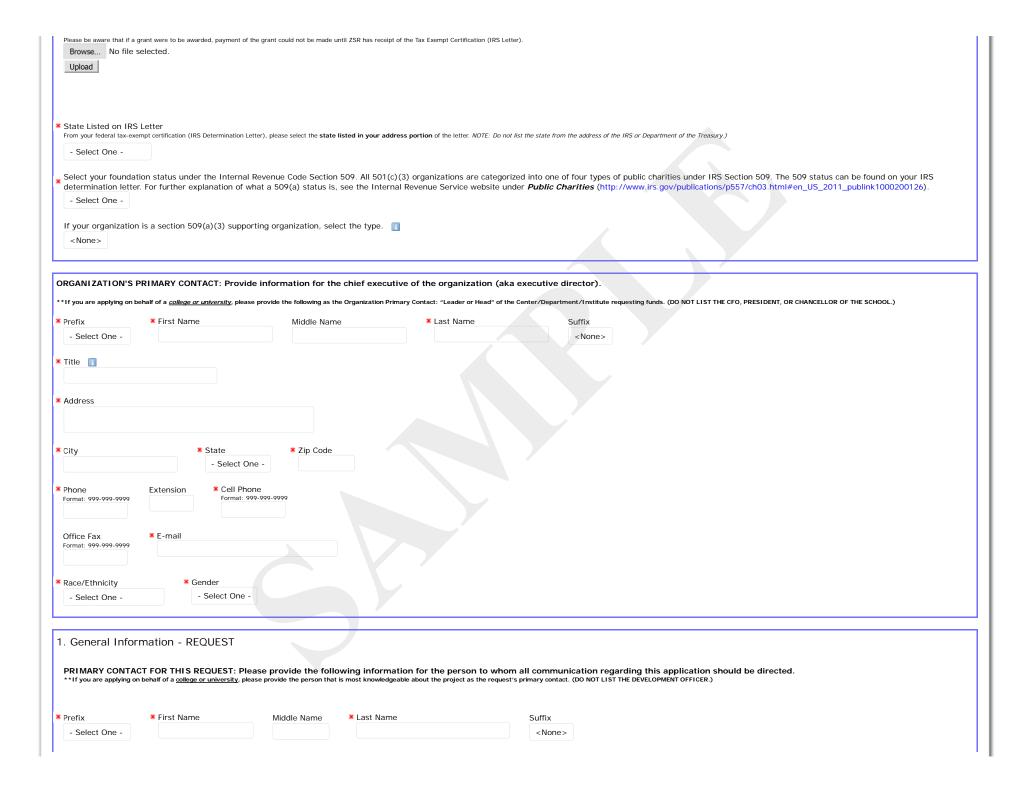
I have read and understand the above information.

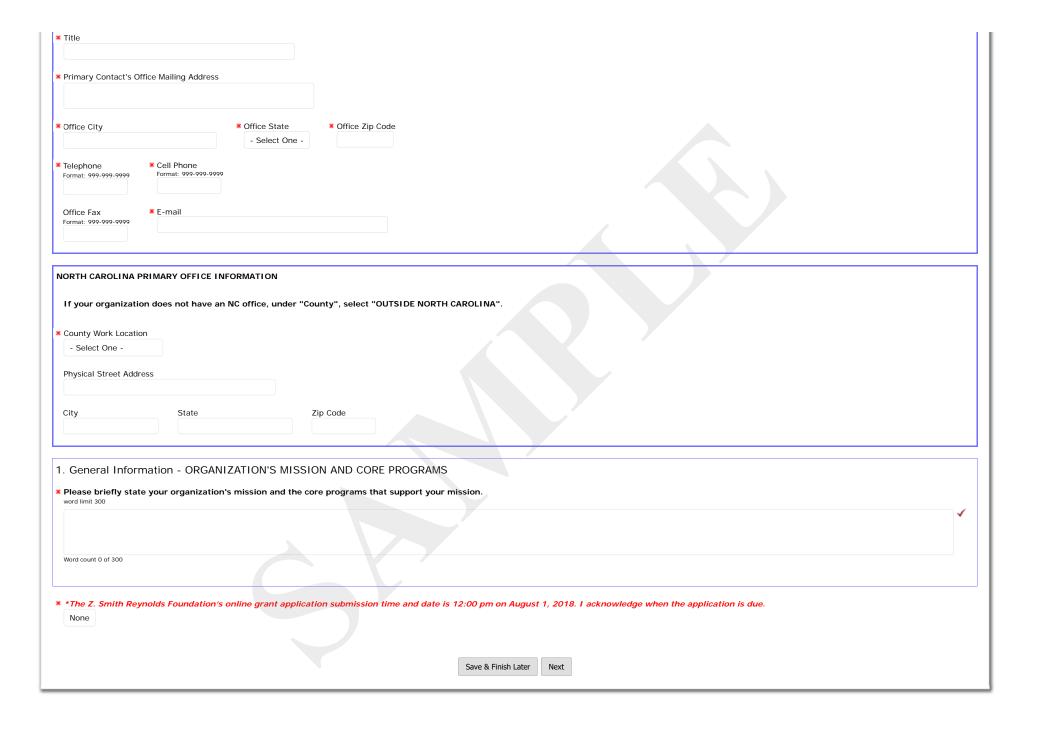
-Select One-

Submit



Seneral Information 2. Proposal Narrative 3. Foundation Support 4. Application Information	ion 5. Additional Thoughts 6. Budget Attachments Review My Application	
Required before final submission	1. General Information	Printer Friendly Version   E-mail Draft
General Information - ORGANIZATION		
IMPORTANT: SAVE YOUR WORK OFTEN! A time-out box will appearable work will be lost!	ar to remind you to save your work. If you do not save be	efore the expiration, any unsaved
IMPORTANT: For uploading documents as attachments within the applica documents. TIF or JPEG or PNG formats will NOT be accepted.	ition – The recommended format for documents is pdfs. However	r, we will accept Excel and Word
IMPORTANT: If your organization does not have its own Tax Exempt Certi Sponsor, you must contact the Foundation for prior approval to apply.	ificate (Determination Letter) and another organization is apply	ing on your behalf as the Fiscal
If another organization is applying on your behalf as a fiscal sponsor, what <b>ZSR staff member g</b> ood frapproval was given:  You must apply as a PROJECT of that organization  You must provide that organizations Tax Exempt Certificate.  If a grant is awarded, that organization is responsible for the administration of the grant and for any reporting requirements need.  Select One -		
Name of Organization Exactly as it appears on your federal tax-exemption certification under Section 501(c)(3) of the IRS Code.  Organization's Office Mailing Address		
City		
Telephone Fax Format: 999-999-9999 Format: 999-999-9999		
County in which your <b>organization's primary headquarters</b> is located. (If your primary headquarters - Select One -	uarters is not located in North Carolina, select "Outside North Carolina".)	
Website		
Federal Tax ID Number Sormat: 99-9999999 Sormat: 99/99/9999		
Tax Exempt Certification (If you have submitted a name change to the IRS and have not received documentation, submit your most current Tax Exempt Co	Certification.)	
The Foundation must receive a copy of the petitioning organization's federal tax-exempt certification under Section 501(c)(3) of the upload a document that states when your organization applied to the IRS and, if possible, documentation from the IRS stating you to the IRS of the IRS		ganization. If you do not yet have your 501(c)(3) status, please







1. General Information 2. Proposal Narrative 3. Foundation Support 4. Application Information 5. Additional Thoughts 6. Budget Attachments Review My Application

2. Proposal Narrative

Printer Friendly Version | E-mail Draft

Required before final submission

### 2. Proposal Narrative

This proposal narrative is the primary opportunity for you to explain your proposal to the Foundation.

To inform your proposal, it is important that you review the Foundation's core values and State-Level Systemic Change Vision and Strategy Statement. The Foundation's values, vision and strategy statement are guiding ZSR's State-Level Systemic Change grantmaking.

The Foundation's State-Level Systemic Change Vision and Strategy Statement is rooted in ZSR's core values. The Statement shares the Foundation's desire to 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 that arise across these priority areas. In addition, the Foundation believes that achieving the vision can only be accomplished when organizations are willing to work together — across constituencies, geographies, issues, and lines of difference. Each organization has a role to play as an agent of change, and it is our collective work and the willingness to work together that helps sustain change.

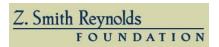
Thus, within the State-Level Systemic Change Strategy, ZSR seeks to invest in state, local and regional organizations that are willing to work together toward a collective vision of state-level systemic change that allows all North Carolinians to have the resources and opportunities necessary to achieve their full potential and where each person's worth and dignity is affirmed. The Foundation is prepared to help funded organizations to amplify and complement each other's work and build their shared capacities.

In your proposal narrative, please answer <u>ALL</u> of the questions listed below in 2.1, 2.2, 2.3, and 2.4. Include the header for each question. Introductory and conclusion paragraphs are not necessary.

- 2. 1 Your Organization's Focus: Please describe your organization's work towards state-level systemic change, including your issue area(s) of focus and what you are hoping to achieve over the period of the grant. Whether your organization is working at the local, regional or state level, please describe how your work at that level will contribute toward making state-level systemic change.
- 2.2 Path to Systemic Change: Please explain how you will use. Specify the context in which you are working, including barriers, opportunities or points where you can leverage change. If you find it helpful, please include examples.
- 2.3 Constituency(ies): 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. Refer to the State-Level Systemic Change Vision and Strategy Statement. Please describe the constituencies that will be engaged in and/or impacted by your work. Please share some of your past successes and barriers to working with these constituencies, if any.
- 2.4 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 using multiple strategies and approaches and working together towards common or aligned goals. What unique strengths and assets does your organization bring 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 other players in this ecosystem?

word limit 2750	

Word count 0 of 2750



General Information 2. Proposal Narrative 3. Foundation Support 4. Application Information	ation 5. Additional Thoughts 6. Budget Attachme	ents Review My Application	
Required before final submission	3. Foundation Support		Printer Friendly Version   E-mail Draft
3. Foundation Support			
As part of the <u>State-Level Systemic Change Strategy</u> , the Foundation is committed to following section is intended to gather information regarding additional needs in the Change Strategy.	providing additional support with the purpose of field. This information will help the Foundation a	f strengthening the capacity of orgar as it continues to develop its addition	nizations to increase their impact. The al supports for the State-Level Systemic
3.1 Racial Equity: Please refer to our website for a definition of Racial Equity. The Foundation aims to si collective analysis about diversity, inclusion, and racial equity. How does your organis supports or resources are necessary to improve racial equity within your organization	zation ground its work in racial equity? What do		
Racial Equity: 300 word limit			
			•
Word count 0 of 300			
3.2 Capacity-building: What are your organization's priority needs in terms of organizational development?	In addition, what priority capacity-building need	ds do you see within your sector or is	sue area(s)?
Capacity-building: 300 word limit			
			•
Word count 0 of 300			
3.3 Learning: Recognizing that the kind of work you do is fast-paced and the context is ever-changito determine if their initial goals and tactics are still moving toward the change they organization adjust after reflection?			
Learning: 300 word limit			
			•
Word count 0 of 300			

# Z. Smith Reynolds FOUNDATION

		Contact
. General Information 2. Proposal Narrative 3. Foundation Support 4.	Application Information 5. Additional Thoughts 6. Budget Attachments Review My A	Application
	4. Application Information	Printer Friendly Version   E-mail Draft
Required before final submission		
4.1 Your Issue Area:		
	us on state-level systemic change work in four priority areas: Advancing Public Education; Fundation recognizes that some organizations are also doing work that cuts across two or more	
In order for the Foundation to better process your application, please select to indicate a limitation on your work; the Foundation recognizes your organi	<b>ONE</b> priority area that is <i>most aligned</i> with the work described in your proposal. This selectization's work may in fact fit in more than one priority area.	tion assists ZSR in processing your application and is not intended
- Select One -		
If you chose Cross-Cutting as your priority area, please explain why you fee word limit 50	el the issues cross more priority areas.	
		· ·
Word count 0 of 50		
4.2 Funding Type/Amount:		
The Foundation recognizes that state-level systemic change work re Foundation prefers to provide multi-year general operating support.	equires ongoing and consistent funding. While the Foundation will not provide mul	ti-year support to <i>all</i> grantees within this strategy, the
For what type of support are you applying?		
Tune of Support		
▼ Type of Support  - Select One -		
- Select One -		
▼ Please enter a short project title.		
(If requesting funds for general operating support, put For general operating support. (If requesting funds for project support, put the project's title.) (If requesting funds for a college/university, please list the center/department/institute requesting funds for a college/university, please list the center/department/institute requesting funds for a college/university, please list the center/department/institute requesting funds for a college/university, please list the center/department/institute requesting funds for a college/university please list the center/department/institute requesting funds for a college/university please list the center/department/institute requesting funds for a college/university please list the center/department/institute requesting funds for a college/university please list the center/department/institute requesting funds for a college/university please list the center/department/institute requesting funds for a college/university please list the center/department/institute requesting funds for a college/university please list the center/department/institute requesting funds for a college/university please list the center/department/institute requesting funds for a college/university please list the center/department/institute requesting funds for a college/university please list the center/department/institute requesting funds for a college/university please list the center/department/institute requesting funds for a college/university please list funds funds for a colle	unds, then the project title.)	
Period for which funds are requested:		
Length of Grant: Start Date		
- Select One -		
Please state the requested amount per year for each year.		
· · · · · · · · · · · · · · · · · · ·		
	equested in Year 1 box, 0 in Year 2 box, and 0 in Year 3 box. Then enter the total a	mount being requested.
If you entered 12 months in Length of Grant above, enter amount re	equested in Year 1 box, 0 in Year 2 box, and 0 in Year 3 box. Then enter the total a equested in Year 1 box, enter amount requested in Year 2 box, and 0 in Year 3 box	

¥ Year 1	* Year 2	★ Year 3
Please enter the total amount WITHOUT any commas, dollar signs or other non numeric	Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.  Please enter "0" if you are not requesting funding in Year 2.	Please enter the total amount WITHOUT any commas, dollar signs or other non numeric characte Please enter "0" if you are not requesting funding in Year 3.
character.	Please effect of it you are not requesting funding in feat 2.	Prease enter 0 ii you are not requesting funding in rear 3.
Enter the total amount being requested		
The total amount requested must equal to the funding requested in Year 1, Year 2 & Year 3. Pleas	ise 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 Approaches:		
+.3 Approacties.		
Please select the <u>main</u> approach(es) below that best describes th		
	izations that contribute to the overall ecosystem in which they work to achi wing approaches. In fact, the Foundation encourages organizations to seek	
complement their own.)	wing approaches. In fact, the roundation encourages organizations to seek	tout and conductate with organizations whose approaches
State Level Approaches		
(Check all that apply.)		
Advocacy		
Applied Research		
Communications/Narrative Change/Digital Media Development		
_		
Leadership Development		
Litigation		
Organizing/Mobilizing/Base-Building		
☐ Training/Education/Skill-Building		
Network-Building/Coordination		
Other		
If you calcuted Others in the common has about a place a supplier why		
If you selected Other in the approaches above, please explain why.  word limit 100		
		<b>-</b>
Word count 0 of 100		
4.4 Geographic Scope:		
■ Geographic area in which work will take place		
·		
- Select One -		
Please select the secretary of secretary in this is a first transfer to the secretary of th		
Please select the county or counties in which your organization will work	_	ADEN CONTROL CONTROL CONTROL
	HANY □ANSON □ASHE □AVERY □BEAUFORT □BERTIE □BL/ TAWBA □CHATHAM □CHEROKEE □CHOWAN □CLAY □CLEVELAN	
	TAWBA    CHATHAM    CHEROKEE    CHOWAN    CLAY    CLEVELAN   EDGECOMBE	
	DEDGECOMBE FORSYTH FRANKLIN GASTON GATES G HOKE HYDE DIRECTLI DIACKSON DIOHNSTON DIONES	
	MONTGOMERY MOORE NASH NEW HANOVER NORTHAMPTO	
		RUTHERFORD SAMPSON SCOTLAND STANLY
	ELL DUNION DVANCE WAKE WARREN WASHINGTON D	

1.5 Staff Informat	ion:				
Please enter a numb	er between 0 and 9,999.				
Part-time	▼ Full-time	<b>Total:</b> 0.00 <b>Ⅰ</b>			
Gender					
Male	<b>≭</b> Female	X Other To	otal:		
Race/Ethnicity Do not use decimals	. Put 0 if not applicable.				
White/Caucasian (Non	Latino/Hispanic)   Black/A	frican American (Non Latino/Hispanic)	■ Latino/Hispanic	* American Indian or Alaska Native	■ Asian/Asian American
	<b>≭</b> Multi-Ra	acial			
Other Race/Ethnicity	Total:				
.6 Board Informa	tion:				
Gender	tion: er between 0 and 9,999.				
Gender Please enter a numb		* Other	Total:		
Gender Please enter a numb Males Race/Ethnicity	er between 0 and 9,999.	* Other	Total: 0 👪		
Gender Please enter a numb Males Race/Ethnicity Do not use decimals	Females  * Females  Put 0 if not applicable.	▼ Other  frican American (Non Latino/Hispanic)	Total: 0   ■  * Latino/Hispanic	■ American Indian or Alaska Native	<b>×</b> Asian/Asian American
Males  Race/Ethnicity	Females  * Females  Put 0 if not applicable.	frican American (Non Latino/Hispanic)	o 🖺	■ American Indian or Alaska Native	× Asian/Asian American

White/Caucasian (Non Latino/Hispanic)	Black/African American	Latino/Hispanic	American Indian or Alaska Native	* Asian/Asian American	Multi-Racial
Other Race/Ethnicity  Total:  Must total to 100 0%					
Board Information					
Please upload one document that contains t 1. Name of each board member; 2. City and State of Residence of each board 3. Occupation of each board member; 4. Email address of each board member.	-				
Browse No file selected.					
Upload					
Advisory Board					
FOR COLLEGES/UNIVERSITIES ONLY:					
f your center, institute, or project has an A 1. Name of each advisory board member;	dvisory Board or Board, please uploa	ad one document which contains th	e following information:		
<ol> <li>City and State of Residence of each advis</li> <li>Occupation of each advisory board members</li> <li>Race/ethnicity of each advisory board members</li> </ol>	per;				
Browse No file selected.					
Upload					

# Z. Smith Reynolds FOUNDATION





# Z. Smith Reynolds FOUNDATION

1. General Information 2. Proposal Narrative 3. Foundation Support 4. Application Information 5. Additional Thoughts 6. Budget Attachments Review My Application

6. Budget Attachments

Printer Friendly Version | E-mail Draft

Required before final submission

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.

Management Letters and/or Audit Exceptions

Browse... No file selected.

Upload

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.

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.

BUDGET	CALENDAR YEAR	FISCAL YEAR (ENDING IN JUNE)	FISCAL YEAR (ENDING IN SEPTEMBER)
PRIOR YEAR BUDGET with actual revenues & expenses	2017	7/1/17-6/30/18	10/1/16-9/30/17
CURRENT YEAR BUDGET with year-to date actual revenues & expenses	2018	7/1/18-6/30/19	10/1/17-9/30/18
NEXT YEAR 1 BUDGET	2019	7/1/19-6/30/20	10/1/18-9/30/19
NEXT YEAR 2 BUDGET	2020	7/1/20-6/30/21	10/1/19-9/30/20
NEXT YEAR 3 BUDGET	2021	7/1/21-6/30/22	10/1/20-9/30/21
PROJECT YEAR 1 BUDGET	2019	7/1/19-6/30/20	10/1/18-9/30/19
PROJECT YEAR 2 BUDGET	2020	7/1/20-6/30/21	10/1/19-9/30/20
PROJECT YEAR 3 BUDGET	2021	7/1/21-6/30/22	10/1/20-9/30/21

# 6.1 Budget Information: Prior Year

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

Budget - Prior Year Budgeted

We need the Prior Year's Budgeted amount (either fiscal or calendar year- depending on your organization's year-ending date) and it must include the following:

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

Browse... No file selected.

Upload

Budget - Prior Year Actuals

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).

Budget – Prior Year Actuals

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Upload

# 6.2 Budget Information: Current Year

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

Budget - Current Year 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 for the current year by line item. <u>If an approved budget is not available, furnish a draft until the approved budget is available.</u>
- 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 – Current Year Budgeted
Browse... No file selected.
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Budget - Current Year Actuals

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. (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.)

Budget – Current Year Actuals
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## 6.3 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.

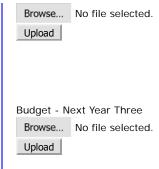
Budget - Next Year

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.
- In the Application 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 Application Information section of this application, if you selected <u>24 months in Length of Grant</u>, we need a budget for NEXT YEAR ONE and NEXT YEAR TWO <u>(uploaded separately)</u>. (Please refer to the chart above in yellow.)
- In the Application Information section of this application, if you selected <u>36 months in Length of Grant</u>, we need a budget for NEXT YEAR ONE, NEXT YEAR TWO, and NEXT YEAR THREE (uploaded separately). (Please refer to the chart above in yellow.)
- If the Length of Grant covers 6 months into another year, include that budget for the entire year.
- Revenues budgeted by line item.
- Expenses budgeted by line item.
- If your organization is an out-of-state organization, we need the NC next year's budget or years' budgets.

Budget - Next Year One
Browse... No file selected.
Upload

Budget - Next Year Two



# 6.4 Budget Information: Project Budget

(\*\* If you are requesting general operating support, DO NOT COMPLETE THIS SECTION. Project support budgets are NOT required.)

Please refer back to the Application Information section of the application for the Length of Grant and Start Date. The project budget(s) 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.

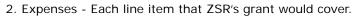
IF YOU ARE REQUESTING MORE THAN ONE YEAR OF FUNDING: For the Project Budget Year One and Project Budget Year Two and/or Project Budget Year Three - In a separate column(s) within each of the project budgets, list each line item of what the ZSR grant funds would cover and <u>upload each year's project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

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

Budget - Project Budget

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

- In the Application Information section of this application, if you selected <u>12 months in Length of Grant</u>, we need a budget for PROJECT BUDGET YEAR ONE.
- In the Application Information section of this application, if you selected <u>24 months in Length of Grant</u>, we need a budget for PROJECT BUDGET YEAR ONE and PROJECT BUDGET YEAR TWO (uploaded separately). (Please refer to the chart above in yellow.)
- In the Application Information section of this application, if you selected <u>36 months in Length of Grant</u>, 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.)
- Revenues budgeted by line item.
- Expenses budgeted by line item.
- For each separate year of the project budget, in a separate column list the following:
  - 1. Revenue Amount requested from ZSR.



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.

Budget – Project Budget Year One

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Budget - Project Budget Year Three

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Save & Finish Later

Review