Z. Smith Reynolds
F O U N D A T I O N

Please enter your Tax ID: [   ] OK

Eligibility Assessment

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

-Select One-

Next

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, 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
- 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-

Next

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

The deadline for online application submission is <u>August 1, 2018 at 12:00 pm (noon)</u>.

I agree to the submission deadline.

-Select One-

Next

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 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

1. General Information

Printer Friendly Version | E-mail Draft

✖ Required before final submission

1. General Information - ORGANIZATION

IMPORTANT: <u>SAVE YOUR WORK OFTEN!</u> 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 <u>NOT</u> 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
• 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.

[   ]

✖ Organization's Office Mailing Address

[   ]

✖ City   ✖ State   ✖ Zip Code
[   ]   [- Select One -]   [   ]

✖ Telephone   Fax
Format: 999-999-9999   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
[   ]

✖ Federal Tax ID Number   ✖ Date of Incorporation
Format: 99-9999999   Format: 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 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.

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 Tax Exempt Certification (IRS Letter).

[Browse...] No file selected.
[Upload]

✱ 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.)*

[- Select One -]

✱ 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_publink1000200126).

[- 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 organization (aka executive director).

**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 SCHOOL.)

✱ Prefix	✱ First Name	Middle Name	✱ Last Name	Suffix
[- Select One -]	[ ]	[ ]	[ ]	[<None>]

✱ Title 🛈
[ ]

✱ Address
[ ]

✱ City	✱ State	✱ Zip Code
[ ]	[- Select One -]	[ ]

✱ Phone	Extension	✱ Cell Phone
Format: 999-999-9999		Format: 999-999-9999
[ ]	[ ]	[ ]

Office Fax	✱ E-mail
Format: 999-999-9999	
[ ]	[ ]

✱ Race/Ethnicity	✱ Gender
[- Select One -]	[- Select One -]

---

1. 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.)

✱ Prefix	✱ First Name	Middle Name	✱ Last Name	Suffix
[- Select One -]	[ ]	[ ]	[ ]	[<None>]

✱ Title

[   ]

✱ Primary Contact's Office Mailing Address

[   ]

✱ Office City   **✱ Office State**   **✱ Office Zip Code**

[   ]   - Select One -   [   ]

✱ Telephone   **✱ Cell Phone**
Format: 999-999-9999   Format: 999-999-9999

[   ]   [   ]

Office Fax   **✱ E-mail**
Format: 999-999-9999

[   ]   [   ]

NORTH CAROLINA PRIMARY OFFICE INFORMATION

If your organization does not have an NC office, under "County", select "OUTSIDE NORTH CAROLINA".

✱ County Work Location

- Select One -

Physical Street Address

[   ]

City   **State**   **Zip Code**

[   ]   [   ]   [   ]

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1. General Information - ORGANIZATION'S MISSION AND CORE PROGRAMS

✱ Please briefly state your organization's mission and the core programs that support your mission.
word limit 300

[   ] ✓

Word count 0 of 300

✱ *The Z. Smith Reynolds Foundation's online grant application submission time and date is 12:00 pm on August 1, 2018. I acknowledge when the application is due.*

None

[Save & Finish Later]   [Next]

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

2. Proposal Narrative

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✖ 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.

- **<u>2. 1 Your Organization's Focus:</u> 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.**

- **<u>2.2 Path to Systemic Change:</u> Please explain how you will work to achieve the state-level systemic changes listed in question 2.1, describing core strategies and approaches 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.**

- **<u>2.3 Constituency(ies):</u> 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.**

- **<u>2.4 Networks and Complementary Strategies:</u> 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?**

✖ Proposal Narrative
word limit 2750

✓

Word count 0 of 2750

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

3. Foundation Support

Printer Friendly Version | E-mail Draft

✖ Required before final submission

3. Foundation Support

As part of the State-Level Systemic Change Strategy, the Foundation is committed to providing additional support with the purpose of strengthening the capacity of organizations to increase their impact. The following section is intended to gather information regarding additional needs in the field. This information will help the Foundation as it continues to develop its additional supports for the State-Level Systemic Change Strategy.

3.1 Racial Equity:
Please refer to our website for a definition of Racial Equity. The Foundation aims to support grantees by offering training, research and other resources that can help grantees deepen their individual and collective analysis about diversity, inclusion, and racial equity. How does your organization ground its work in racial equity? What does that mean to you? How do you hold yourselves accountable? What supports or resources are necessary to improve racial equity within your organization and/or your work outcomes?

✖ 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 needs do you see within your sector or issue 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-changing around you, 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. How does your organization reflect on and learn from its current practices, challenges, and successes? How does your organization adjust after reflection?

✖ Learning:
300 word limit

✔

Word count 0 of 300

4. Application Information

Printer Friendly Version | E-mail Draft

✖ Required before final submission

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.

In order for the Foundation to better process your application, 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 priority areas.
word limit 50

✔

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 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, then the project title.)
word limit 25

Period for which funds are requested:

✖ Length of Grant: ✖ Start Date
                            Please select the start date for your request period.

[- 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.

[   ]

✱ 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.

[   ]

✱ Year 3
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 3.

[   ]

✱ Enter the total amount being requested
The total amount requested must equal to 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 Approaches:

Please select the _main_ approach(es) below that best describes the work proposed in this application.
(Please note: The Foundation values the individual work of organizations that contribute to the overall ecosystem in which they work to achieve state-level systemic change. The Foundation does not expect each organization to be competent in nor to utilize all of the following approaches. In fact, the Foundation encourages organizations to seek out and collaborate with organizations whose approaches complement their own.)

✱ 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 selected Other in the approaches above, please explain why.
word limit 100

[   ] ✓

Word count 0 of 100

4.4 Geographic Scope:

✱ Geographic area in which work will take place
[- Select One -]

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

☐ 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 ☐ HOKE ☐ HYDE ☐ IREDELL ☐ JACKSON ☐ JOHNSTON ☐ JONES ☐ LEE ☐ LENOIR ☐ LINCOLN ☐ MACON ☐ MADISON ☐ MARTIN ☐ MCDOWELL ☐ MECKLENBURG ☐ MITCHELL ☐ MONTGOMERY ☐ MOORE ☐ NASH ☐ NEW HANOVER ☐ NORTHAMPTON ☐ ONSLOW ☐ ORANGE ☐ PAMLICO ☐ PASQUOTANK ☐ PENDER ☐ PERQUIMANS ☐ PERSON ☐ PITT ☐ POLK ☐ RANDOLPH ☐ RICHMOND ☐ ROBESON ☐ ROCKINGHAM ☐ ROWAN ☐ RUTHERFORD ☐ SAMPSON ☐ SCOTLAND ☐ STANLY ☐ STOKES ☐ SURRY ☐ SWAIN ☐ TRANSYLVANIA ☐ TYRRELL ☐ UNION ☐ VANCE ☐ WAKE ☐ WARREN ☐ WASHINGTON ☐ WATAUGA ☐ WAYNE ☐ WILKES ☐ WILSON ☐ YADKIN

☐ YANCEY

4.5 Staff Information:

Please enter a number between 0 and 9,999.

✱ Part-time

✱ Full-time

Total:
0.00

Gender

✱ Male

✱ Female

✱ Other

Total:
0

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:
0

4.6 Board Information:

Gender
Please enter a number between 0 and 9,999.

✱ Males

✱ Females

✱ Other

Total:
0

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:
0

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 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 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.

Browse...   No file selected.

Upload

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. Race/ethnicity of each advisory board member.

Browse...   No file selected.

Upload

Save & Finish Later   Next

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

5. Additional Thoughts

✖ Required before final submission

5. Additional Thoughts

Is there anything else you would like to share?
word limit 300

✓

Word count 0 of 300

Save & Finish Later   Next

Z. Smith Reynolds
F O U N D A T I O N

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.

Budget – Prior Year Budgeted

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. **If an approved budget is not available, furnish a draft until the approved budget is available.**
• 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

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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 24 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.)

• In the Application Information section of this application, if you selected 36 months in Length of Grant, 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

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Budget - Next Year Two

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Budget - Next Year Three

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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 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 Application Information section of this application, if you selected 12 months in Length of Grant, we need a budget for PROJECT BUDGET YEAR ONE.
• In the Application Information section of this application, if you selected 24 months in Length of Grant, 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 36 months in Length of Grant, 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.

2. Expenses - Each line item that ZSR's grant would cover.
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 Two

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Budget - Project Budget Year Three

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Save & Finish Later   Review