SAMPLE APPLICATION PDF - Strategic Project Support

Z. Smith Reynolds FOUNDATION

Contact Us |

Please enter your Tax ID: OK

Z. Smith Reynolds
FOUNDATION

Eligibility Assessment

Will you be applying for a grant in the **Strengthening Democracy** focus area for more than $35,000 for any 12-month period?

-Select One-

Next

Z. Smith Reynolds
FOUNDATION

Eligibility Assessment

Will you be requesting more than $35,000 for any 12 month period?

-Select One-

Next

Z. Smith Reynolds FOUNDATION

Eligibility Assessment

Is your organization a 501(c)3 and in good standing with the IRS?

Or

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

Or

Is your organization a PUBLIC SCHOOL, COLLEGE/UNIVERSITY, GOVERNMENTAL UNIT, or RELIGIOUS ENTITY?

-Select One-

Next

Z. Smith Reynolds FOUNDATION

Eligibility Assessment

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

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

- **Progress Reports – A progress report is not required at time of submission.** If a progress report is needed - **After** the application has been submitted, we will provide a progress report(s) in your online account and notify you via email when the form is available and when to submit.
- **Interim Reports – These reports are required on multi-year Strategic Grants only.** (If you received a one-year strategic General Operating Support, one-year Strategic Project or a Small grant, you do not complete an interim report.) The interim report will be placed in your online account and must be submitted eleven (11) months after the previous payment is disbursed. The report must be submitted to us and approved by the Foundation staff before the second or subsequent payments are disbursed.
- **Final Reports** – After the last payment has been disbursed, the final report is due no later than fifteen (15) months from the date of the last payment.
- If a Grantee has received previous grants from the Foundation, all previous reporting requirements that are delinquent must be submitted to and approved by the Foundation before any further release of funds are made. Also, any pending grant applications could potentially not be considered for funding in the current cycle.
  For more information, please contact the Foundation at 800-443-8319 or 336-725-7541.

I have read and understand the change.

-Select One-

Next

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Eligibility Assessment

Will your funds be used for a specific project or for general operating support?

- A *project support application* must be completed when a project is earmarked for a particular activity or project within an organization.
- A *general operating support application* must be completed if general operating support provides unrestricted funds for the organzation's overall budget.

-Select One-

Next

Z. Smith Reynolds FOUNDATION

Eligibility Assessment

IMPORTANT INFORMATION BEFORE BEGINNING YOUR APPLICATION

- Once you have submitted your application, you will receive an email confirmation from gloriap@zsr.org indicating your recent submission.
    a. When your online account was created for your organization, make sure that the email address is a valid email address without spam blockers or bulk mail filter. **All communications will be emailed to the email address that was used when the online account was created.**
    b. If that email address has changed or if you are unsure about the email address used, contact the Foundation at the number provided below.
    c. If you do not receive confirmation of submission, check your spam mail or junk mail. If not there, you may not have selected the Submit button. Log back into your account and look in the pending applications. If not submitted, open and resubmit the application.
    d. Add gloriap@zsr.org to your email contacts.
- The online system is not compatible with Google Chrome. 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 of the application.
- Upon reviewing your application, if red errors display, please correct the information, then click on the "Update" button at the bottom of the page. When all errors are resolved, the final attachment has been created and uploaded, and the "Update" button has been selected; you can submit your application. All questions and required information must be completed and uploaded. ***If you would like to provide any additional information other than what is required in the application, contact the Foundation.***
- Please do not use bullet points, tabs, or other symbols or special characters (e.g., #, (), ", >, <, *). Our online system does not recognize them. Also, bold and underlined text formatting options will not be displayed within your answers.
- Click the **red check mark** to spell check your narrative.
- Anywhere the blue info-bubble is displayed; there is a help text. Please take time to read the information that pertains to that question or selection.
- This application includes calculated fields designed to help you identify any inconsistencies in the data being provided. Please click the calculator symbol and then wait for the page to re-load. If you are asked to insert any numbers, please insert whole numbers only - no decimals.
- ***Do not submit any information to documents@zsr.org (unless directed by Foundation staff).***

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

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

I have read and understand the above information.

-Select One-

Submit

Z. Smith Reynolds FOUNDATION

Contact Us |

General Information | Organization Information | Goals Results and Indicators of Success | Organizational Development and Context | Financial Information | Budget Information | Final Attac

General Information

Printer

* Required before final submission

General Organizational Information

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

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

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

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

<Select One>

* Name of Organization

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

* Federal Tax ID Number

Format: 99-9999999

* 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>

* Date of Incorporation
Format: 99/99/9999

* 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 Office Mailing Address

* City * State <Select One> * Zip Code

* 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

* Telephone
Format: 999-999-9999

Fax
Format: 999-999-9999

ORGANIZATION'S PRIMARY CONTACT: Provide information for the chief executive of the organization. (aka executive director)

* Prefix <Select One> * First Name Middle Name * Last Name Suffix <None>

* Title

* Address

* City
* State <Select One>
* Zip Code

* Phone
Format: 999-999-9999
Extension
* Cell Phone
Format: 999-999-9999

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

* Race/Ethnicity <Select One>
* Gender <Select One>

General Request Information

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

* Prefix <Select One>
* First Name
Middle Name
* Last Name
Suffix <None>

* Title

* Primary Contact's Office Mailing Address

* Office City
* Office State <Select One>
* Office Zip Code

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

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

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

Application Information

* Which of the following best describes the focus of your proposal?
(Note: It is not necessary to contact the Foundation with questions regarding this field; simply select the best fit. This information will not negatively affect your grant request.)

<Select One>

* Please enter a short project title.

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

* Please briefly describe the project for which you are requesting funds.

Word count 0 of 150

Period for which funds are requested:

* Length of Grant:
<Select One>

Start Date
12/01/2016

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 18 or 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 in "Enter the total amount being requested" indicate the amount being requested in both years.

If you entered 30 or 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 in "Enter the total amount being requested" indicate the amount being requested in all three 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.

* Geographic area in which work will take place
<Select One>

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

- ☐ All of North Carolina
- ☐ ALAMANCE
- ☐ ALEXANDER
- ☐ ALLEGHANY
- ☐ ANSON
- ☐ ASHE
- ☐ AVERY
- ☐ BEAUFORT
- ☐ BERTIE
- ☐ BLADEN
- ☐ BRUNSWICK
- ☐ BUNCOMBE
- ☐ BURKE
- ☐ CABARRUS
- ☐ CALDWELL
- ☐ CAMDEN
- ☐ CARTERET
- ☐ CASWELL
- ☐ CATAWBA
- ☐ CHATHAM
- ☐ CHEROKEE
- ☐ CHOWAN
- ☐ CLAY
- ☐ CLEVELAND
- ☐ COLUMBUS
- ☐ CRAVEN
- ☐ CUMBERLAND
- ☐ CURRITUCK
- ☐ DARE
- ☐ DAVIDSON

- ☐ DAVIE
- ☐ DUPLIN
- ☐ DURHAM
- ☐ EDGECOMBE
- ☐ FORSYTH
- ☐ FRANKLIN
- ☐ GASTON
- ☐ GATES
- ☐ GRAHAM
- ☐ GRANVILLE
- ☐ GREENE
- ☐ GUILFORD
- ☐ HALIFAX
- ☐ HARNETT
- ☐ HAYWOOD
- ☐ HENDERSON
- ☐ HERTFORD
- ☐ 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

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

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

Gender

* 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 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%

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

Word count 0 of 150

* 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

Board Information - Selection of Members

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

Browse... No file selected.

Upload

Equity and Inclusion

The Foundation actively seeks to promote access, equity, and inclusion and to discourage discrimination based on race, ethnicity, gender, age, sexual orientation, socio-economic status, and other factors that deny the essential humanity of all people.

* Please list some specific examples of how you have demonstrated this value in the past three years.

Word count 0 of 150

* ***The Z. Smith Reynolds Foundation's online grant application submission time and date is 12:00 pm on August 1, 2016. I acknowledge when the application is due.***

Yes

Save & Finish Later Next

Z. Smith Reynolds FOUNDATION

Organization Information

* Required before final submission

For answers to each of the below questions, a word counter is provided. Once the allotted amount of words is reached, the remaining words will be truncated.

Organization Mission

* Please state your organization's mission.

Word count 0 of 80

* Please briefly describe the work of your organization, including the core programs that support your mission.

Word count 0 of 250

Prior Achievements

* Please list your organization's top three results achieved in the past three years and explain how they have helped to advance your mission.

Word count 0 of 225

Lessons Learned

* What are the significant lesson(s) learned from your work in the past three years and what are you doing differently as a result of your learning(s) that enables you to achieve greater results?

Word count 0 of 175

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Goals Results and Indicators of Success

Printer

* Required before final submission

For answers to each of the below questions, a word counter is provided. Once the allotted amount of words is reached, the remaining words will be truncated.

Problem Statement

* What community or public need(s) will your project address during this grant period?
Please include relevant data showing the scale of the problem you seek to address.

Word count 0 of 150

Long Term Results

* Describe up to four long-term results that your organization seeks to achieve through this project? How long will it take you to achieve these results?

Word count 0 of 240

Short Term Results

* For each long-term result listed above, please describe the short-term result(s) that your organization will achieve during the grant period.

Word count 0 of 240

Methods and Strategies

* What methods or strategies will your organization employ to achieve, or make progress towards achieving, the long-term results listed above?

Word count 0 of 180

Indicators of Success

* As a tool with which to assess whether you are making progress, please list the indicators that you plan to track for each of your short-term results during the grant period.

Word count 0 of 150

Collaboration

* For each short-term result, name any partners with whom you will collaborate and describe their contribution.

Word count 0 of 100

Barriers to Success

* Assuming you receive the necessary financial resources, what are the external obstacles that might prevent you from achieving your anticipated results and what are your plans to address them?

Word count 0 of 180

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Organizational Development and Context

Printe

* Required before final submission

For answers to each of the below questions, a word counter is provided. Once the allotted amount of words is reached, the remaining words will be truncated.

Organization Context and Role

* Please name other organizations in North Carolina that work in your field.

Word count 0 of 100

* What is the role your organization plays relative to the roles played by other organizations working within your field?

Word count 0 of 100

Challenges

* Please list the significant internal challenges facing your organization, staff and/or board and what your plan is to address them.

Word count 0 of 180

Priorities

* How will the project change if a grant awarded is for an amount less than requested?

Word count 0 of 180

Additional Information

Is there anything else you would like the Foundation to know about your organization or project?

Word count 0 of 300

Supplemental information is not required in the application; therefore, no space has been provided to attach. If you have additional information you feel is pertinent to your application, please contact the Foundation.

Save & Finish Later Next

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Financial Information

* Required before final submission

Income Sources

Please list the five largest sources of income for your project in the past two years. Include any government contracts as well as grants and contributions. For each source, please provide a) name of source, b) the total amount received over two years, c) if more than one grant was received from a source, the amount of each award, and the purpose of each award (e.g. general operating, program area project, etc.)

1. Source (Person, Foundation, Agency)	Amount	Purpose
2.		
3.		
4.		
5.		

Potential Funding

What funds from other sources (whether other foundations, other donors or internal sources) have been received or are under consideration for the project for the same time period as this grant request?

1. Source	Amount	Status	Decision Expected
		Committed	
2.		Committed	
3.		Committed	

4.

Committed

Actual Income and Expenses

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

Year 1 - Most Recent Year

Fiscal Year End Date

Were the amounts for year 1 audited?
Yes

Income Amount
Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.

Expenses Amount
Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.

Diffe
0

Year 2

Fiscal Year End Date

Were the amounts for year 2 audited?
Yes

Income Amount
Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.

Expenses Amount
Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.

Diffe
0

Year 3

Fiscal Year End Date

Were the amounts for year 3 audited?
Yes

Income Amount
Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.

Expenses Amount
Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.

Diffe
0

Deficit/Surplus Information

* Please explain below if your organization has ended any of the past three fiscal years with an operating deficit or a significant surplus.
(If not applicable, please enter N/A)

Word count 0 of 150

Operating Reserve

* Does the organization currently have an operating reserve?
Yes

If so, what is its amount?

How many months of operating support does that amount represent?

Endowment Information

* Does the organization have an endowment or other funds not included in your annual budget?
Yes

If so, what is the current balance of those funds?

Please note any restrictions that apply to the funds.

Word count 0 of 60

Sustainability

* Upon completion of this grant, if awarded, do you intend to return to the Z. Smith Reynolds Foundation for continued funding?

If yes, for approximately how many years?

* How do you plan to sustain your project at the end of the grant period, if a grant is awarded?
In addition to describing strategies for attracting new contributions, include in your answer any future funders, alternative sources of earned income and any ways you might reduce costs.

Word count 0 of 150

Save & Finish Later Next

Z. Smith Reynolds FOUNDATION

Budget Information

* Required before final submission

In completing the following sections, an example of a budget has been provided as a guide. Click HERE to view.

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

Budget Information: Balance Sheets and Income Statements

For the Budget - Balance Sheets and Income Statements only, please upload a single document with items a-d below. If your organization does not have one of these pieces of information, note that in the document.

a. If your organization's finances have been professionally audited in the past three years, please upload your most recently audited financial statements (Balance Sheet and Income Statement, NOT the entire audit)
b. 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
c. Prior fiscal year's Income Statement (also known as "Statement of Activities") if management prepared, but not yet audited.
d. Balance Sheet (also known as "Statement of Financial Position") as of the last day of the prior fiscal year if management prepared, but not yet audited.

Please refer to our website at http://zsr.org/sample-budgets on the format of the Balance Sheet and Income Statement.

Please do not upload the entire audit or your 990 return.

* Budget - Balance Sheets and Income Statements
(Not the entire audit)

Browse... No file selected.

Upload

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.

Note: If you are requesting 18 months or 24 months of funding, for the Next Year Budget, you need to include NEXT YEAR ONE BUDGET AND NEXT YEAR TWO BUDGET.
Note: If you are requesting 30 months or 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.
Note: If you are requesting 18 months or 24 months of funding, for the Project Budget, you need to include a PROJECT BUDGET YEAR ONE AND a PROJECT BUDGET YEAR TWO.

Note: If you are requesting 30 months or 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	2015	7/1/15-6/30/16	10/1/14-9/30/15
----------	----------	----------	----------
CURRENT YEAR BUDGET with year-to date actual revenues & expenses	2016	7/1/16-6/30/17	10/1/15-9/30/16
----------	----------	----------	----------
NEXT YEAR 1 BUDGET	2017	7/1/17-6/30/18	10/1/16-9/30/17
NEXT YEAR 2 BUDGET	2018	7/1/18-6/30/19	10/1/17-9/30/18
NEXT YEAR 3 BUDGET	2019	7/1/19-6/30/20	10/1/18-9/30/19
----------	----------	----------	----------
PROJECT YEAR 1 BUDGET	2017	7/1/17-6/30/18	10/1/16-9/30/17
PROJECT YEAR 2 BUDGET	2018	7/1/18-6/30/19	10/1/17-9/30/18
PROJECT YEAR 3 BUDGET	2019	7/1/19-6/30/20	10/1/18-9/30/19

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.

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* 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

Browse... No file selected.

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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

Browse... No file selected.

Upload

* Budget - Current Year Actuals

We need the current year to date actual revenues and expenses 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

Browse... No file selected.

Upload

Budget Information: **Next** Year

Please refer to our website at http://zsr.org/sample-budgets on the format of the Next Year's budget. In the General Information section of the application, if you list a grant length of more than 12 months, you must include a budget for each year funds being requested.

* Budget - Next Year

We need the Next Year's Budget (either fiscal or calendar year– depending on your organization's year-ending date) and **it must include the following**:

- **If an approved budget is not available for that period, include a draft for each year requested.**
- In the General Information section of this application, if you selected 12 months in Length of Grant, we need a budget for just NEXT YEAR ONE.
- In the General Information section of this application, if you selected 18 or 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 General Information section of this application, if you selected 30 or 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

Browse... No file selected.

Upload

Budget - Next Year Two

Browse... No file selected.

Upload

Budget - Next Year Three

Browse... No file selected.

Upload

Budget Information: Project Budget

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

IF YOU ARE REQUESTING ONE YEAR OF FUNDING: In a separate column(s) within the project budget, list each line item of what the ZSR grant funds would cover.
IF YOU ARE REQUESTING MORE THAN ONE YEAR OF FUNDING: For the Project Budget Year One and Project Budget Year Two (and 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 General 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 General Information section of this application, if you selected 18 or 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 General Information section of this application, if you selected 30 or 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.
• In a separate column for each year of the project budget, list the following:

1. Revenue - Amount requested from ZSR.
2. Expenses - Each line item that ZSR's grant would cover.
3. From the General Information section of this application, the amount requested in each year must be the same as listed in ZSR's total amount in each year of the project budget.

Budget – Project Budget Year One

Browse... No file selected.

Upload

Budget – Project Budget Year Two

Browse... No file selected.

Upload

Budget – Project Budget Year Three

Browse... No file selected.

Upload

Save & Finish Later Next

Z. Smith Reynolds FOUNDATION

Contact Us |

General Information | Organization Information | Goals Results and Indicators of Success | Organizational Development and Context | Financial Information | Budget Information | Final Attac

Final Attachment

Printer

* Required before final submission

Final Attachment

The Final Attachment is a copy of your completed application.

Please follow the instructions listed below. Then upload the "Final Attachment" (copy of your completed application) in the space provided. To see an example of a Final Attachment, click HERE. To see step-by-step instructions on how to create the Final Attachment, click HERE.

1. **Click the Review button at the bottom of the page.**
2. **Review your application and correct any errors that display in red.**
3. **Click Update.**
4. **Click the link to "View Printer Friendly Version" that is displayed in the top right portion of the page.**
5. **On the File menu, select "Save As" (or Control S on your keyboard), then select the location to save the document.**
6. **Name your document.**
7. **Then for "Save as type:" save your application as Save as Type = Webpage, HTML only (*.htm;*html). If your saved copy does not look like the example on our website, please resave by following the instructions above.**
8. **Close the "Printer Friendly Version".**
9. **Upload the "Final Attachment" document in the space provided below.**
10. **Click Update.**
11. **Click Submit. Immediately after clicking the submit button, you will receive an email stating your application was submitted. If you do not receive an email, check your spam or junk email folder. If you still did not receive an email stating you submitted your application, log back into your online account. If the application is in the "Pending" section, you did not submit the application. Open the application and click "Submit".**

***Refer to our website at* "Review How to create final attachments" for detailed, step-by-step instructions on how to create the final attachment (copy of application). or contact the Foundation at 800-443-8319 for more assistance.**

* Final Attachment

Browse... No file selected.

Upload

Save & Finish Later | Review

Strategic Grant - Project Support_v2

General Information

General Organizational Information

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

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

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

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

Not Applicable

Name of Organization

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

XYZ Corp

Federal Tax ID Number

Format: 99-9999999

1221155

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).

Organizational Development and Context.pdf

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.)

North Carolina

Date of Incorporation

Format: 99/99/9999

6/30/1999

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).

509(a)(1)

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

Organization's Office Mailing Address

123 Anywhere Street

City	State	Zip Code
Winston Salem	NC	27101

County in which your **organization's primary headquarters** is located. (If your primary headquarters is not located in North Carolina, select "Outside North Carolina".

FORSYTH

Website

www.xyz.corp

Telephone

Format: 999-999-9999

336-123-4567

Fax

Format: 999-999-9999

ORGANIZATION'S PRIMARY CONTACT: Provide information for the chief executive of the organization. (aka executive director)

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

Title

Executive Director

Address

123 Anywhere Street

City	State	Zip Code
Winston Salem	NC	27101

Phone	Extension	Cell Phone
Format: 999-999-9999		Format: 999-999-9999
336-456-7890		336-456-7890

Office Fax	E-mail
Format: 999-999-9999	janedoe@xyz.org

Race/Ethnicity

Gender

White/Caucasian Female

General Request Information

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

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

Title
Executive Director

Primary Contact's Office Mailing Address
123 Anywhere Street

Office City	Office State	Office Zip Code
Winston Salem	NC	27101

Telephone
Format: 999-999-9999
336-456-7890

Cell Phone
Format: 999-999-9999
336-456-7890

Office Fax
Format: 999-999-9999

E-mail
janedoe@xyz.org

NORTH CAROLINA PRIMARY OFFICE INFORMATION

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

County Work Location
FORSYTH

Physical Street Address
123 Anywhere Street

City	State	Zip Code
Winston Salem	NC	27101

Application Information

Which of the following best describes the focus of your proposal?
(Note: It is not necessary to contact the Foundation with questions regarding this field; simply select the best fit. This information will not negatively affect your grant request.)
Social Justice and Equity

Please enter a short project title.
TEST TEST test test

Organization's Fiscal Year End Date
Format: 99/99/9999
06/30/2016

Please briefly describe the project for which you are requesting funds.
TEST TEST test test

Period for which funds are requested:

Length of Grant:
36 Months

Start Date
12/01/2016

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 18 or 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 in "Enter the total amount being requested" indicate the amount being requested in both years.

If you entered 30 or 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 in "Enter the total amount being requested" indicate the amount being requested in all three years.

Year 1
Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.
45000

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.
45000

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.
45000

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.
135000

Geographic area in which work will take place
SINGLE-COUNTY

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

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

Part-time	Full-time	**Total:**
3	0	3.00

Gender

Male	Female	Other	**Total:**
1	2	0	3

Race / Ethnicity
Do not use decimals. Put 0 if not applicable.

White/Caucasian (Non Latino/Hispanic)	Black/African American (Non Latino/Hispanic)	Latino/Hispanic
0	0	1

American Indian or Alaska Native	Asian/Asian American	Multi-Racial	Other Race/Ethnicity	**Total:**
1	0	0	1	3

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

Gender

Males	Females	Other	**Total:**
5	1	1	7

Race / Ethnicity
Do not use decimals. Put 0 if not applicable.

White/Caucasian (Non Latino/Hispanic)	Black/African American (Non Latino/Hispanic)	Latino/Hispanic
1	1	1

American Indian or Alaska Native	Asian/Asian American	Multi-Racial	Other Race/Ethnicity	**Total:**
1	1	1	1	7

What is the demographic composition of the geographic area in which the work for which you seek funds will be performed? (If the work is happening in more than one city or county in NC, please average the numbers.) (Note: As a source, ZSR recommends U.S. Census Quickfacts)

Please enter the percentage as a numerical value (Whole numbers between 0 to 100) of each race or ethnic group listed below so that the total equals 100 percent. Maximum of 3 digits (0-100) and do not use decimals. Put 0 if not applicable.

White/Caucasian (Non Latino/Hispanic)	Black/African American	Latino/Hispanic
57	23	12

American Indian or Alaska Native	Asian/Asian American	Multi-Racial	Other Race/Ethnicity	**Total:** Must total to 100
2	2	2	2	100%

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

TEST TEST test test

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;

Financial Information.pdf

Board Information - Selection of Members

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

Eligibility Question 6.pdf

Equity and Inclusion

The Foundation actively seeks to promote access, equity, and inclusion and to discourage discrimination based on race, ethnicity, gender, age, sexual orientation, socio-economic status, and other factors that deny the essential humanity of all people.

Please list some specific examples of how you have demonstrated this value in the past three years.

TEST TEST test test

The Z. Smith Reynolds Foundation's online grant application submission time and date is 12:00 pm on August 1, 2016. I acknowledge when the application is due.

Yes

Organization Information

For answers to each of the below questions, a word counter is provided. Once the allotted amount of words is reached, the remaining words will be truncated.

Organization Mission

Please state your organization's mission.

TEST TEST test test

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

TEST TEST test test

Prior Achievements

Please list your organization's top three results achieved in the past three years and explain how they have helped to advance your mission.

TEST TEST test test

Lessons Learned

What are the significant lesson(s) learned from your work in the past three years and what are you doing differently as a result of your learning(s) that enables you to achieve greater results?

TEST TEST test test

Goals Results and Indicators of Success

For answers to each of the below questions, a word counter is provided. Once the allotted amount of words is reached, the remaining words will be truncated.

Problem Statement

What community or public need(s) will your project address during this grant period?

Please include relevant data showing the scale of the problem you seek to address.

TEST TEST test test

Long Term Results

Describe up to four long-term results that your organization seeks to achieve through this project? How long will it take you to achieve these results?

TEST TEST test test

Short Term Results

For each long-term result listed above, please describe the short-term result(s) that your organization will achieve during the grant period.

TEST TEST test test

Methods and Strategies

What methods or strategies will your organization employ to achieve, or make progress towards achieving, the long-term results listed above?

TEST TEST test test

Indicators of Success

As a tool with which to assess whether you are making progress, please list the indicators that you plan to track for each of your short-term results during the grant period.

TEST TEST test test

Collaboration

For each short-term result, name any partners with whom you will collaborate and describe their contribution.

TEST TEST test test

Barriers to Success

Assuming you receive the necessary financial resources, what are the external obstacles that might prevent you from achieving your anticipated results and what are your plans to address them?

TEST TEST test test

Organizational Development and Context

For answers to each of the below questions, a word counter is provided. Once the allotted amount of words is reached, the remaining words will be truncated.

Organization Context and Role

Please name other organizations in North Carolina that work in your field.

TEST TEST test test

What is the role your organization plays relative to the roles played by other organizations working within your field?

TEST TEST test test

Challenges

Please list the significant internal challenges facing your organization, staff and/or board and what your plan is to address them.

TEST TEST test test

Priorities

How will the project change if a grant awarded is for an amount less than requested?

TEST TEST test test

Additional Information

Is there anything else you would like the Foundation to know about your organization or project?

TEST TEST test test

Supplemental information is not required in the application; therefore, no space has been provided to attach. If you have additional information you feel is pertinent to your application, please contact the Foundation.

Financial Information

Income Sources

Please list the five largest sources of income for your project in the past two years. Include any government contracts as well as grants and contributions. For each source, please provide a) name of source, b) the total amount received over two years, c) if more than one grant was received from a source, the amount of each award, and the purpose of each award (e.g. general operating, program area project, etc.)

1. Source (Person, Foundation, Agency)	Amount	Purpose
TEST TEST test test	25000	TEST TEST test test
2. TEST TEST test test	5000	TEST TEST test test
3. TEST TEST test test	5000	TEST TEST test test
4. TEST TEST test test	30000	TEST TEST test test
5. TEST TEST test test	6000	TEST TEST test test

Potential Funding

What funds from other sources (whether other foundations, other donors or internal sources) have been received or are under consideration for the project for the same time period as this grant request?

1. Source	Amount	Status	Decision Expected
TEST TEST test test	45000	Highly likely	06/23/2016
2. TEST TEST test test	35000	Somewhat likely	07/19/2016
3. TEST TEST test test	25000	Committed	08/31/2016

4. TEST TEST test test	10000	Highly likely	05/31/2016

Actual Income and Expenses

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

Year 1 - Most Recent Year

Fiscal Year End Date
06/30/2015

Were the amounts for year 1 audited?
No

Income Amount
Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.
75000

Expenses Amount
Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.
78241

Difference in income and expenses
-3241

Year 2

Fiscal Year End Date
06/30/2014

Were the amounts for year 2 audited?
Yes

Income Amount
Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.
68000

Expenses Amount
Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.
67541

Difference in income and expenses
459

Year 3

Fiscal Year End Date
06/30/2013

Were the amounts for year 3 audited?
No

Income Amount
Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric

character.
85000

Expenses Amount

Please enter the total amount as a positive number WITHOUT any commas, dollar signs or other non numeric character.
79510

Difference in income and expenses

5490

Deficit/Surplus Information

Please explain below if your organization has ended any of the past three fiscal years with an operating deficit or a significant surplus.
(If not applicable, please enter N/A)

TEST TEST test test

Operating Reserve

Does the organization currently have an operating reserve?
No

If so, what is its amount?

How many months of operating support does that amount represent?

Endowment Information

Does the organization have an endowment or other funds not included in your annual budget?
No

If so, what is the current balance of those funds?

Please note any restrictions that apply to the funds.
TEST TEST test test

Sustainability

Upon completion of this grant, if awarded, do you intend to return to the Z. Smith Reynolds Foundation for continued funding?

yes

If yes, for approximately how many years?

3

How do you plan to sustain your project at the end of the grant period, if a grant is awarded?

In addition to describing strategies for attracting new contributions, include in your answer any future funders, alternative sources of earned income and any ways you might reduce costs.

TEST TEST test test

Budget Information

In completing the following sections, an example of a budget has been provided as a guide. Click HERE to view.

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

Budget Information: Balance Sheets and Income Statements

For the Budget - Balance Sheets and Income Statements only, please upload a single document with items a-d below. If your organization does not have one of these pieces of information, note that in the document.

a. **If your organization's finances have been professionally audited in the past three years, please upload your most recently audited financial statements (Balance Sheet and Income Statement, NOT the entire audit)**
b. **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**
c. **Prior fiscal year's Income Statement (also known as "Statement of Activities") if management prepared, but not yet audited.**
d. **Balance Sheet (also known as "Statement of Financial Position") as of the last day of the prior fiscal year if management prepared, but not yet audited.**

Please refer to our website at http://zsr.org/sample-budgets on the format of the Balance Sheet and Income Statement.

Please do not upload the entire audit or your 990 return.

Budget - Balance Sheets and Income Statements

(Not the entire audit)

SAMPLE Balance Sheets and Income Statements.pdf

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.

Note: If you are requesting 18 months or 24 months of funding, for the Next Year Budget, you need to include NEXT YEAR ONE BUDGET AND NEXT YEAR TWO BUDGET.
Note: If you are requesting 30 months or 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.
Note: If you are requesting 18 months or 24 months of funding, for the Project Budget, you need to include a PROJECT BUDGET YEAR ONE AND a PROJECT BUDGET YEAR TWO.
Note: If you are requesting 30 months or 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	2015	7/1/15-6/30/16	10/1/14-9/30/15
----------	----------	----------	----------
CURRENT YEAR BUDGET with year-to date actual revenues & expenses	2016	7/1/16-6/30/17	10/1/15-9/30/16
----------	----------	----------	----------
NEXT YEAR 1 BUDGET	2017	7/1/17-6/30/18	10/1/16-9/30/17
NEXT YEAR 2 BUDGET	2018	7/1/18-6/30/19	10/1/17-9/30/18
NEXT YEAR 3 BUDGET	2019	7/1/19-6/30/20	10/1/18-9/30/19
----------	----------	----------	----------
PROJECT YEAR 1 BUDGET	2017	7/1/17-6/30/18	10/1/16-9/30/17
PROJECT YEAR 2 BUDGET	2018	7/1/18-6/30/19	10/1/17-9/30/18
PROJECT YEAR 3 BUDGET	2019	7/1/19-6/30/20	10/1/18-9/30/19

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
SAMPLE 1 PRIOR FISCAL YEAR BUDGETED.pdf

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
SAMPLE 2 PRIOR FISCAL YEAR ACTUALS.pdf

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
SAMPLE 3 CURRENT FISCAL YEAR BUDGETED.pdf

Budget - Current Year Actuals

We need the current year to date actual revenues and expenses 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
SAMPLE 4 CURRENT FISCAL YEAR YTD ACTUALS.pdf

Budget Information: **Next** Year

Please refer to our website at http://zsr.org/sample-budgets on the format of the Next Year's budget. In the General Information section of the application, if you list a grant length of more than 12 months, you must include a budget for each year funds being requested.

Budget - Next Year

We need the Next Year's Budget (either fiscal or calendar year– depending on your organization's year-ending date) and **it must include the following**:

• **If an approved budget is not available for that period, include a draft for each year requested.**
• In the General Information section of this application, if you selected 12 months in Length of Grant, we need a budget for just NEXT YEAR ONE.
• In the General Information section of this application, if you selected 18 or 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 General Information section of this application, if you selected 30 or 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
SAMPLE 5 NEXT FISCAL YEAR ONE BUDGET 2017-2018_VER_1.PDF

Budget - Next Year Two
SAMPLE 6 NEXT FISCAL YEAR TWO BUDGET 2018-2019.pdf

Budget - Next Year Three
SAMPLE 7 NEXT FISCAL YEAR THREE BUDGET 2019-2020 .pdf

Budget Information: Project Budget

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

IF YOU ARE REQUESTING ONE YEAR OF FUNDING: In a separate column(s) within the project budget, list each line item of what the ZSR grant funds would cover.
IF YOU ARE REQUESTING MORE THAN ONE YEAR OF FUNDING: For the Project Budget Year One and Project Budget Year Two (and 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 General 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 General Information section of this application, if you selected 18 or 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 General Information section of this application, if you selected 30 or 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.
• In a separate column for each year of the project budget, list the following:

1. Revenue - Amount requested from ZSR.
2. Expenses - Each line item that ZSR's grant would cover.
3. From the General Information section of this application, the amount requested in each year must be the same as listed in ZSR's total amount in each year of the project budget.

Budget – Project Budget Year One
SAMPLE PROJECT BUDGET YEAR ONE.pdf

Budget – Project Budget Year Two
SAMPLE PROJECT BUDGET YEAR TWO.pdf

Budget – Project Budget Year Three
SAMPLE PROJECT BUDGET YEAR THREE.pdf

Final Attachment

Final Attachment

The Final Attachment is a copy of your completed application.

Please follow the instructions listed below. Then upload the "Final Attachment" (copy of your completed application) in the space provided. To see an example of a Final Attachment, click HERE. To see step-by-step instructions on how to create the Final Attachment, click HERE.

1. **Click the Review button at the bottom of the page.**
2. **Review your application and correct any errors that display in red.**
3. **Click Update.**
4. **Click the link to "View Printer Friendly Version" that is displayed in the top right portion of the page.**
5. **On the File menu, select "Save As" (or Control S on your keyboard), then select the location to save the document.**
6. **Name your document.**
7. **Then for "Save as type:" save your application as Save as Type = Webpage, HTML only (*.htm;*html). If your saved copy does not look like the example on our website, please resave by following the instructions above.**
8. **Close the "Printer Friendly Version".**
9. **Upload the "Final Attachment" document in the space provided below.**
10. **Click Update.**
11. **Click Submit. Immediately after clicking the submit button, you will receive an email stating your application was submitted. If you do not receive an email, check your spam or junk email folder. If you still did not receive an email stating you submitted your application, log back into your online account. If the application is in the "Pending" section, you did not submit the application. Open the application and click "Submit".**

Refer to our website at **"Review How to create final attachments" for detailed, step-by-step instructions on how to create the final attachment (copy of application). or contact the Foundation at 800-443-8319 for more assistance.**

Final Attachment