

1 General Information

2 Key Questions

3 Financial


4 Review My Application

General Information


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 Required before final submission

General - Organizational Information

 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

 State Listed on IRS Letter

- Select One -


 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 -

 Telephone

Format: 999-999-9999

Fax

Format: 999-999-9999

Website

Please upload your organization's 501(c)(3) IRS designation letter (Tax Exempt Certification).

 Tax Exempt Certification

Is the 501(c)(3) organization completing this application acting as a fiscal sponsor for another organization that is not classified as a 501(c)(3) public charity?

 YES/NO

None

1. If you answered No above, no further action is needed.
2. If you answered Yes above:
 - a) Please upload (in the box provided below) the written fiscal agreement between the Applicant Organization and the Sponsored Organization.
 - b) Read the [Fiscal Sponsor Letter](#) . After reviewing the document, please acknowledge that you have reviewed the letter by selecting from the drop-down list.

Fiscal Sponsorship Agreement

Browse...

Upload

I acknowledge I have reviewed the Fiscal Sponsorship Letter.

None

Project Title

Please enter a brief project title for your Letter of Intent.

Word count 0 of 25

General Information - 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

Title

Street Address City State Zip Code

Office Phone Extension Cell Phone Office Fax E-mail

Format: 999-999-9999

Ethnicity **Gender**

General Information - Letter of Intent Contact

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

****If you are submitting on behalf of a college or university, as the request's primary contact, please provide the person who is most knowledgeable about the letter of intent. (DO NOT LIST THE DEVELOPMENT OFFICER.)**

Prefix First Name Middle Name Last Name Suffix

Title

Primary Contact's Office Mailing Address

City

State
 - Select One -

Zip Code

Office Phone
 Format: 999-999-9999

Cell Phone
 Format: 999-999-9999

Office Fax
 Format: 999-999-9999

E-mail

General Information - Staff Composition

For each of the boxes below, please enter a whole number between 0 and 9,999. Do not use decimals. Put 0 if not applicable.

✦ Part time staff ✦ Full time staff Total Full and Part Time Staff
 0.00

Gender

✦ Males on Staff ✦ Females on Staff ✦ Other Total Staff Gender
 0

Race/Ethnicity

✦ White/Caucasian (Non Latinx/Hispanic) ✦ Black/African American (Non Latinx/Hispanic) ✦ Latinx/Hispanic ✦ American Indian or Alaska Native ✦ Asian/Asian American ✦ Multi-Racial ✦ Staff Other Total Staff Ethnicity
 0

If your organization has executive-level staff (with decision-making authority), including and in addition to the executive director, please indicate the demographic information of that team below, if applicable.

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

✦ Full Time Executive Leadership Staff ✦ Part Time Executive Leadership Staff Total Executive Leadership Staff
 0

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

✦ White/Caucasian Executive Leadership (Non Latinx/Hispanic) ✦ Black/African American Executive Leadership (Non Latinx/Hispanic) ✦ Latinx/Hispanic Executive Leadership ✦ Asian/Asian American Executive Leadership ✦ American Indian or Alaska Native Executive Leadership ✦ Multi-Racial Executive Leadership ✦ Other Executive Leadership Total Race/Ethnicity Executive Leadership
 0

Gender - What is the gender make up of the Executive-Leadership team?

Males on Executive-Level Staff
 Females on Executive-Level Staff
 Other on Executive-Level Staff
 Total Gender-Executive-Leadership Staff 0

General Information - Board Composition

For each of the boxes below, please enter a whole number between 0 and 9,999. Do not use decimals. Put 0 if not applicable.

Gender - What is the gender make up of your board?

Males on Board
 Females on Board
 Other
 Total Board Gender 0

Race/Ethnicity - What is the race/ethnicity make up of your board?

White/Caucasian (Non Latinx/Hispanic)
 Black/African American (Non Latinx/Hispanic)
 Latinx/Hispanic
 American Indian or Alaska Native
 Asian/Asian American
 Multi-Racial
 Other

Total Board Ethnicity 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 Latinx/Hispanic)
 Black/African American (Non Latinx/Hispanic)
 Latinx/Hispanic
 American Indian or Alaska Native
 Asian/Asian American
 Multi-Racial
 Other Race/Ethnicity
 Total: Must total to 100 0%

General Information - Mission Statement and Brief Description

What is the mission statement of your organization?

Word count 0 of 100

Please provide a brief description of the project.

Word count 0 of 125

SAMPLE

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Key Questions

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Key Questions

 **Community Issues:**


What community issue are you addressing, or do you plan to address? In your explanation, please be sure to include information about the following:


- The location or geographic scope of the work;
- A statement of need;
- Why it is the right time for this investment, including the existing momentum for the work outlined in the proposal; and
- The demographics or other relevant information regarding the people who will be impacted by the work.

Word count 0 of 525

- If your work will take place in a specific county or counties, please select all that apply.

Please note that this question is intended to identify **where the proposed work will take place**, which may or may not be where the organization is headquartered.

-  All 100 Counties
- 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
 OUT OF STATE
 PAMLICO
 PASQUOTANK
 PENDER
 PERQUIMANS
 PERSON
 PITT
 POLK
 RANDOLPH
 RICHMOND
 ROBESON
 ROCKINGHAM
 ROWAN
 RUTHERFORD
 SAMPSON
 SCOTLAND
 STANLY
 STATEWIDE
 STOKES
 SURRY
 SWAIN
 TRANSYLVANIA
 TYRRELL
 UNION
 VANCE
 WAKE
 WARREN
 WASHINGTON
 WATAUGA
 WAYNE
 WILKES
 WILSON
 YADKIN
 YANCEY
 Out of State

 **Scope of Work:**

What are the goals and corresponding timeline for the proposed work during the grant period, beginning in Summer 2020? How would ZSR funds be used?

Word count 0 of 450

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Financial - Prior Actual Expenses

Prior Year Expenses Amount

What were your organization's total actual expenses for the prior fiscal year?
For the box below, please enter a whole number between 0 and 999,999,999.

Financial - Letter of Intent Amount Requested and Budget

In the boxes below, please indicate how much funding you are requesting from ZSR. If this is a multi-year request, please state the amount requested for each year. The amount in each year should be between \$20,000-\$30,000.

If you are not requesting money in Year 2, place 0 in the box. A box cannot be left blank.
For each of the boxes below, please enter a whole number. Do not use decimals.

Req Year 1 Amount

Req Year 2 Amount

Total Req Amount

Please provide a brief budget for each proposed year, including revenue and expenses for the work outlined in the Letter of Intent. For a sample budget, click [HERE](#) to view.

- For revenue, please indicate the request amount from ZSR and any other committed or anticipated financial resources, either monetary or in-kind.
- For expenses, please indicate up to five areas you seek to support with ZSR funds (e.g., Personnel, Meetings, etc.).
- Please keep in mind that the range for Progress Fund grant awards is \$20,000-\$30,000 per year for one to two years.

Budget - Proposed Year One Budget

 Browse...

Upload

Budget - Proposed Year Two Budget

 Browse...

Upload

If your organization receives less than you requested, or only one year of funding, how would that impact your scope and timeline of the work?



Word count 0 of 150

✦ If additional funding (beyond ZSR) is needed in order to accomplish the work outlined in the proposal, please explain what will happen if ZSR makes a grant, but the other funding does not come through. How will that affect the scope and timeline of the work? (If applicable)

Word count 0 of 150

**The Z. Smith Reynolds Foundation's online Community Progress Fund Letter of Intent submission deadline is December 3, 2019 at 12:00 pm (noon).*

I acknowledge when the Letter of Intent is due.

SAMPLE