

# **COMMUNITY PROGRESS FUND**

## **SAMPLE APPLICATION**



**2024**

**Z. Smith Reynolds Foundation, Inc.**  
**102 West Third Street, Suite 1110**  
**Winston-Salem, NC 27101**

### Eligibility Assessment

To be eligible to apply, your organization must fit in one of the following categories. Please choose which best describes your organization.

- 501(c)3 and in good standing with the IRS;
- Public school, college/university, governmental unit, or religious entity; or
- Pending application with the IRS for 501(c)3 status.

-Select One- ▼

Next

## Eligibility Assessment

### COMMUNITY PROGRESS FUND

The Progress Fund is designed to provide an infusion of short-term funding at a pivotal moment and is intended to build on existing momentum to help move an issue, an idea or an organization forward. The range for Progress Fund grant awards is \$20,000-\$30,000 per year for one to two years.

ZSR asks that proposals demonstrate existing momentum within the community, and how, with an infusion of funds, an issue or an organization will move forward to test an idea or achieve greater impact. ZSR hopes that engaging with community members through the Progress Fund grant cycle will allow the Foundation to support communities and to better understand how different communities experience change, opportunity, and challenges in unique ways. Thus, the parameters for this approach are intentionally broad. In addition, ZSR desires to be accessible to areas of the state that have relatively higher needs and fewer resources, and to support and learn from those communities as described above. Consequently, preference will be given to those areas of the state.

Selection criteria for the Progress Fund can be found [here](#).

**Please note that submitting an application is the preliminary step in introducing a proposal to ZSR. Therefore, it is not necessary to contact a ZSR staff member prior to submitting an application.** ZSR will review applications and approximately 40 to 50 applicants will continue through the application process, where ZSR staff will travel to applicants' communities and dedicate time to engaging with applicants and learning about their communities and the work they hope to accomplish with a Progress Fund grant.

**I have read the above information.**

-Select One- ▼

Next

### Eligibility Assessment

**The deadline for the online Community Progress Fund Application is January 26, 2024 at 12:00 pm (noon).**

**I agree to the submission deadline.**

-Select One- ▼

Next

## Eligibility Assessment

### IMPORTANT INFORMATION BEFORE SUBMITTING YOUR APPLICATION

- Once you have submitted your application, you will receive an email confirmation from [bethp@zsr.org](mailto:bethp@zsr.org) or [mail@grantapplication.com](mailto:mail@grantapplication.com).
  - a. When your online account is created for your organization, make sure that the email address is a valid email address without spam blockers or bulk mail filters. **All application communications will be emailed to the email address that was used when the online account was created.**
  - b. If your organization has an existing ZSR account and the original 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 or junk mail. If the email is not there, please check to ensure you clicked the "Submit" button. Log back into your account and look in the pending applications. If the application has not been submitted, open and resubmit it.
  - d. Add [bethp@zsr.org](mailto:bethp@zsr.org) or [mail@grantapplication.com](mailto:mail@grantapplication.com) to your email contacts.
- Save your work frequently by clicking the Save and Finish Later button. Please note that saving your form will trigger an automated email reminder that will include the steps to access the saved form. You may need to close your internet browser before logging back into your account. If you don't close, you may be directed to begin a new form.
- Please do not use the back button on your browser; click the tabs across the top of the form to return to a particular section.
- Upon reviewing your application, if red errors display, please correct the information, then click on the "Update" button. When all errors are resolved you can submit. 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 form, please 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.
- Anywhere the blue info-bubble is available; there is help text.
- **Do not submit any information to [documents@zsr.org](mailto:documents@zsr.org) (unless directed by Foundation staff).**
- **IMPORTANT:** For uploading documents as attachments within the application – The preferred format for documents is PDF. Please save your documents as PDFs before uploading.

If other questions arise while working on this form, visit our website at [www.zsr.org](http://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

## 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

✦ Website

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

✦ Tax Exempt Certification   
Choose the file from your device and then click the "Upload" button.

Choose File No file chosen

Upload

**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

Choose the file from your device and then click upload. You must click upload for the document to upload to the application.

No file chosen

I acknowledge I have reviewed the Fiscal Sponsorship Letter.

None 

 Project Title

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. (Please do not list the CFO, President, or Chancellor of the school.)**

First Name

Middle Name

Last Name

Suffix

Title 


Preferred Phone

Format: 999-999-9999

Secondary Phone

Format: 999-999-9999

E-mail

 Ethnicity

- Select One -



Gender

- Select One -



### General Information - Application

**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 submitting on behalf of a college or university, as the request's primary contact, please provide the person who is most knowledgeable about the application. (Please do not list the Development Officer.)**

First Name

Middle Name

Last Name

Suffix

Title

Preferred Phone  
Format: 999-999-9999

Secondary Phone  
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 zero if not applicable.

✦ Part time staff

✦ Full time staff

**Total Full and Part Time Staff**

0.00 

### 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 

### 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 zero if not applicable.

**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 

### General Information - Mission Statement and Brief Description

✦ **What is the mission statement of your organization?**

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✦ **Please provide a brief description of the project.**

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Next

## Key Questions

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✦ Required before final submission

### Key Questions

✦ **Statement of Need:**

**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 description of the need for the proposed work
- Why it is the right time for this investment, including the existing momentum for the work outlined in the proposal

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✦ **Scope of Work:**

**What are the goals and corresponding timeline for the proposed work during the grant period, beginning in Summer 2024? How would ZSR funds be used?**

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✦ **Geography Served:** ⓘ

ZSR would like to know more about **the geographic community that would be served by the Progress Fund grant**. Please select the counties **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

✦ **Demographic Information:**

ZSR would like to know more about the racial/ethnic composition of the people who would be served by the Community Progress Fund grant.

Are the people who would be served by the grant primarily people of color?

- Select One - ▾

**If you answered "yes" above**, is there a primary racial/ethnic constituency that would be served? If so, please indicate the primary racial/ethnic constituency by selecting the appropriate box below. If the grant does not focus on a specific racial/ethnic constituency, but rather multiple racial/ethnic constituencies, please select "people of color." (choose one)

<None>

(Optional): If you would like to provide further information, please do so in the box below.

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## Financial Information

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✦ Required before final submission

### 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.

✦ **Budget - Prior Year Expenses** ⓘ

Choose the file from your device and then click the "Upload" button.

(If no prior year expenses, please upload a document stating this).

No file chosen

### Financial - Amount Requested

**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 zero in the box. A box cannot be left blank.**

**For each of the boxes below, please enter a whole number. Do not use decimals.**

✦ **Grant Period**

- Select One - ▾

✦ **Request - Year 1**

✦ **Request - Year 2**

✦ **Total Requested**

✦ **Budget - Proposed Year One Budget** ⓘ

Choose the file from your device and then click the "Upload" button.

No file chosen

**Budget - Proposed Year Two Budget (If Applicable)** ⓘ

Choose the file from your device and then click the "Upload" button.

No file chosen

✦ **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?**

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***\*The Z. Smith Reynolds Foundation's online Community Progress Fund application submission deadline is January 26, 2024 at 12:00 pm (noon).***

***I acknowledge when the application is due.***

None ▼

Save & Finish Later

Review & Submit