

Streamlined application for Fall 2017

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
- 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 Corporation

Federal Tax ID Number

Format: 99-9999999

1111

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).

[Balance Sheet.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

12/31/1936

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.zsr.org

Telephone

Format: 999-999-9999

336-123-4567

Fax

Format: 999-999-9999

336-234-5678

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
Ms.	Jane		Doe	<None>

Title

President

Address

123 anywhere street

City	State	Zip Code
Winston Salem	NC	27101

Phone	Extension	Cell Phone
Format: 999-999-9999		Format: 999-999-9999
336-124-5678		336-124-5678

Office Fax	E-mail
Format: 999-999-9999	abc@zsr.org

Race/Ethnicity	Gender
Other Race	Transgender

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.

**** 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
Ms.	Jane		Doe	<None>

Title
President

Primary Contact's Office Mailing Address
123 Anywhere Street

Office City	Office State	Office Zip Code
Winston Salem	NC	27101

Telephone	Cell Phone
Format: 999-999-9999	Format: 999-999-9999
336-124-5678	336-124-5678

Office Fax	E-mail
Format: 999-999-9999	abc@zsr.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.)

Environment

Please enter a short project title.

(If requesting funds for general operating support, put "For general operating support".

(If requesting funds for a college/university, please list the center/department/institute requesting funds, then the project title.)

General Operating Support

Organization's Fiscal Year End Date

Format: 99/99/9999

12/31/2017

Period for which funds are requested:

Length of Grant:

With very few exceptions, the Foundation will not award grants beyond 12 months in this cycle.

12 Months

Start Date

Please select either 12/1/2017 or 6/1/2018.

(If you have a grant from a November grant cycle, select 12/1/2017. If you have a grant from a May grant cycle, select 6/1/2018.

Please refer to your most recent Grantees Acceptance and Understanding Form – Grant Resolution section on page 1.)

12/01/2017

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 and 0 in Year 2 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 and enter amount requested in Year 2 box. Then in "Enter the total amount being requested" indicate the amount being requested in both years.

Year 1

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

35000

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.

0

Enter the total amount being requested

The total amount requested must equal to the funding requested in Year 1 & Year 2. Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.

35000


Geographic area in which work will take place

SINGLE-COUNTY

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

FORSYTH

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

Part-time	Full-time	Total:
0	1	1.00 

Gender

Male	Female	Other	Total:
0	0	1	1 

Race/Ethnicity

Do not use decimals. Put 0 if not applicable.

White/Caucasian (Non Latino/Hispanic)
0

Black/African American (Non Latino/Hispanic)
0

Latino/Hispanic
0

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

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

Gender

Males	Females	Other	Total:
1	1	1	3

Race/Ethnicity

Do not use decimals. Put 0 if not applicable.

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

Latino/Hispanic
0

American Indian or Alaska Native	Asian/Asian American	Multi-Racial	Total:
0	1	0	3

Other Race/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 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
75	20	1

American Indian or Alaska Native	Asian/Asian American	Multi-Racial	Total:
1	1	1	Must total to 100 100%

Other Race/Ethnicity

1

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)

N/A

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;

[Balance Sheet_VER_1.PDF](#)

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.

Board Information - Selection of Members

Please upload one document that contains the following information:

5. Brief explanation of how board members are selected.

[Balance Sheet_VER_2.PDF](#)

****The Z. Smith Reynolds Foundation's online grant application submission time and date is 12:00 pm on August 1, 2017. I acknowledge when the application is due.***

Yes

Results

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 Information

If you are requesting project support, please briefly describe the project for which you are requesting funding. (If you are requesting general operating support, please write **N/A.**)
TEST TEST

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

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

Results

Please describe up to four results that your organization seeks to achieve during the grant period.
Who or what will change if you are successful? In what way will they/it be different?

TEST TEST

Methods and Strategies

What methods, strategies, and/or activities will your organization use to achieve, or make progress towards achieving the results listed above?

TEST TEST

Additional Information

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

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

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?
12/31/2016 No

Income Amount

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


45000

Expenses Amount

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

47000

Difference in income and expenses

-2000 

Year 2

Fiscal Year End Date Were the amounts for year 2 audited?
12/31/2015 No

Income Amount


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

38751

Expenses Amount

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

37123

Difference in income and expenses1628 **Year 3****Fiscal Year End Date**

12/31/2014

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.

25794

Expenses Amount

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

26314

Difference in income and expenses-520 **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)

[Balance Sheet_VER_3.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.

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.

<u>BUDGET</u>	<u>CALENDAR YEAR</u>	<u>FISCAL YEAR (ENDING IN JUNE)</u>	<u>FISCAL YEAR (ENDING IN SEPTEMBER)</u>
PRIOR YEAR BUDGET with actual revenues & expenses	2016	7/1/16-6/30/17	10/1/15-9/30/16
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CURRENT YEAR BUDGET with year-to date actual revenues & expenses	2017	7/1/17-6/30/18	10/1/16-9/30/17

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NEXT YEAR 1 BUDGET	2018	7/1/18-6/30/19	10/1/17-9/30/18
NEXT YEAR 2 BUDGET	2019	7/1/19-6/30/20	10/1/18-9/30/19
-----	-----	-----	-----
PROJECT YEAR 1 BUDGET	2018	7/1/18-6/30/19	10/1/17-9/30/18
PROJECT YEAR 2 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 CALENDAR 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 CALENDAR 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 CALENDAR 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 CALENDAR YEAR ACTUALS.pdf](#)

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 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.)
- 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 CALENDAR YEAR ONE BUDGET 2018.pdf](#)

Budget - Next Year Two

[SAMPLE 6 NEXT CALENDAR YEAR TWO BUDGET 2019.pdf](#)

Budget Information: Project Budget

(**If you are requesting general operating support, Project Budgets are NOT required.)

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 - 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.)
- 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

Budget – Project Budget Year Two

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](#).

If you have capability to print to Adobe PDF, please follow steps 1-13 below to save a copy of your application.

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. Select File; Print OR Control P on your keyboard.
6. From your printer selections (printer names), choose Adobe PDF.
7. Select Print.

8. When the box opens, select the location to save the application.
9. Name the document and then select Save.
10. Close the "Printer Friendly Version".
11. Upload the "Final Attachment" document in the space provided below.
12. Click Update.
13. 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".

OR

If you do not have capability to print to PDF, follow steps 1-11 listed below to save a copy of your application.

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) or (web archive)**. 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".

If the above methods do not work for you, print the document from the Printer Friendly Version view, scan it, and save it to a file on your computer. You may then upload the saved document.

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