Eligibility Assessment

The Z. Smith Reynolds Foundation is restricted to making grants to charitable, tax-exempt, 501(c)(3) organizations, colleges/universities, religious entities and government units for programs and projects that serve the people of North Carolina. Out-of-state charitable organizations are eligible to apply for funds to support projects operating in North Carolina.

If you are not a tax-exempt, 501(c)(3) organization, you will need to be fiscally sponsored by such an organization. In addition, the fiscal sponsor will need to contact ZSR at info@zsr.org prior to completing this application.

Is your organization a 501(c)(3) and in good standing with the IRS?
Or
Are you a College/University, Public School, Governmental Unit, or Religious Entity?
Or
Do you have a pending application with the IRS for 501(c)(3) status?

-Select One- ⌄

Next

Eligibility Assessment

I understand that with only rare exceptions, the Foundation does not fund the following under the State-Level Systemic Change Strategy:

- Academic and medical research
- Animal species preservation or rehabilitation
- Building projects or renovations
- Capital campaigns
- Conferences, seminars, or symposiums
- Civic clubs
- Endowment funds
- Equipment, furniture or computer purchases
- Environmental education centers and programs for children
- Fraternal organizations
- Fundraising events
- Greenways
- Individual schools, or projects that support a limited number of schools within a school district, or a limited number of schools in multiple school districts
- Individual early childhood centers, or out-of-school time programs
- Teacher professional development
- Pre-K through 12th grade public school curriculum development and/or implementation
- Initiatives promoting religious education or doctrine
- Land purchases
- Overhead and indirect costs for colleges and universities
- Organizations or projects that focus exclusively on direct services (for example, child abuse treatment and prevention services, homeless shelters, health care services, etc.)
- Payment of debts
- Plant species preservation
- Preservation of historic properties
- Private business ventures
- Scholarships
- Supplemental educational programs such as summer camps, athletic teams, drop-out

prevention programs, and youth vocational and character development programs

In addition, ZSR is legally prohibited from funding voter registration. ZSR is also prohibited from giving money to organizations that support or oppose individual candidates or who work to influence election outcomes.

I understand that with only rare exceptions, the Foundation will not fund these items.

-Select One- ▾

Next

Eligibility Assessment

The Foundation has provided several documents on the website to inform your grant proposal.

It is important that you review the following:

- ZSR's core values
- State-Level Systemic Change Vision and Strategy Statement
- State-Level Systemic Change Priority Area Descriptions
- Frequently Asked Questions

I have read and understand these documents.

-Select One- ▾

Next

Eligibility Assessment

**IMPORTANT INFORMATION BEFORE BEGINNING
YOUR APPLICATION**

- Once you have submitted your application, you will receive an email confirmation from bethp@zsr.org or mail@grantapplication.com indicating your application was submitted.
  a. **All application communications will be emailed to the email address that was used when the online account was created.**
  b. If that email address has changed or if you are unsure about the email address used, contact the Foundation at the number provided below.
  c. If you do not receive an email confirmation of submission, check your spam or junk mail. If confirmation is not received, the application was not submitted. Open your online account, select pending applications and resubmit the application.
- 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 trigger an automated email reminder that will include 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 your browser, you may be directed to begin a new application.
- Please do not use the back button on your browser; click the tabs at the top of the page of the application to return to a particular section.
- Upon reviewing your application, if red errors display, please correct the information, then click on the Update button at the bottom of the page. u>
- **Please do not use bullet points, tabs, or other symbols or special characters (e.g., #, (), ",**

>, <, *). Our online system does not recognize them.

- 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.
- IMPORTANT: For uploading attachments within the application – The recommended format is Adobe PDF (Excel and Word will be accepted; however, saving attachments as Adobe PDF prior to uploading is preferred). 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 (336) 725-7541 or email info@zsr.org

I have read and understand the above information.

-Select One- ⌄

Submit

1. General Information 2. Proposal Summary 3. Proposal Narrative 4. Application Information 5. Budget Attachments Review My Application

1. General Information

* Required before final submission

This grant application is for the Z. Smith Reynolds Foundation's State-Level Systemic Change (SLSC) grant opportunity. It is important that you review the Foundation's core values and SLSC Vision and Strategy Statement as they guide the Foundation's SLSC grantmaking. In addition, please review the Frequently Asked Questions document and the Rarely Fund list to be sure this is the right grant opportunity for your proposal.

If you have questions, please email info@zsr.org or call 336-725-7541.

IMPORTANT: Grant Application Deadline

The Z. Smith Reynolds Foundation's online State-Level Systemic Change grant application submission time and date is

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1.1 General Information - ORGANIZATION

IMPORTANT: SAVE YOUR WORK OFTEN A time-out box will be provided, any unsaved work will be lost.

IMPORTANT: For uploading documents as attachments – The recommended format for documents is Adobe PDF (Excel and Word will be accepted; however, saving attachments as Adobe PDF prior to uploading is preferred). TIF or JPEG or PNG formats will **NOT** be accepted.

IMPORTANT: If you are a tax exempt 501(c)(3) organization applying as the fiscal sponsor for another organization that has not been determined by the IRS to be exempt from federal income tax, *you must contact the Foundation at info@zsr.org for prior approval to apply.*

* **Name of Organization**
a. Write the name of your organization exactly as it appears on the Internal Revenue Service (IRS) letter that certifies your organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. (This is sometimes referred to as an IRS tax-exempt determination letter or certification letter.)

b. If you are a tax exempt 501(c)(3) organization applying as the fiscal sponsor for another organization that has not been determined by the IRS to be exempt from federal income tax, you should indicate the name of the tax-exempt fiscal sponsor here. See the Tax-Exempt Certification section below for more information about fiscal sponsorship.

* **Organization's Office Mailing Address**

* **City**   * **State** - Select One -   * **Zip Code**

* **Telephone**
Format: 999-999-9999

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

Website

* **Date of Incorporation**
Format: 99/99/9999

TAX EXEMPT CERTIFICATION

* **Federal Tax ID Number**   * **State Listed on IRS Letter**
Format: 99-9999999   From your federal tax-exempt certification (IRS Determination Letter), please select the **state listed in your address portion** of the letter.
- Select One -

The Foundation must receive a copy of the Internal Revenue Service (IRS) letter that certifies your organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code.

If any of the following situations apply to your organization's tax-exempt status, please do as indicated below for the situation(s) that applies to your organization.

a. ORGANIZATION NAME CHANGE:

If you have submitted a name change to the IRS and have not received an updated IRS tax-exempt certification letter recognizing your new name, submit your most current tax-exempt certification letter.

b. APPLIED TO IRS BUT WAITING FOR TAX EXEMPT CERTIFICATION:

If you have applied to the IRS for tax-exempt status but you do not yet have your IRS tax-exempt certification letter, 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 IRS letter that certifies your organization is tax-exempt under Section 501(c)(3) of the Internal Revenue Code.

* **c. YOU ARE APPLYING AS A FISCAL SPONSOR FOR ANOTHER ORGANIZATION: (Note: If your organization has recently applied for a 501(c)(3) tax-exempt status, it is recommended not to apply using a fiscal sponsor.)**

If you are a tax exempt 501(c)(3) organization applying as the fiscal sponsor for another organization that has not been determined by the IRS to be exempt from federal income tax, *you must contact the Foundation at info@zsr.org for prior approval to apply*.

If you received approval from ZSR to apply as a fiscal sponsor:

- You must apply for a PROJECT grant;
- You must upload the fiscal sponsor organization's tax-exempt certificate from the IRS; and
- If a grant is awarded, as fiscal sponsor you should understand that the Z. Smith Reynolds Foundation is making this grant to you, the fiscal sponsor organization, and will look to you for the accomplishment of the project and for administration of the grant and any reporting requirements.

If you are a Fiscal Sponsor of another organization, what ZSR staff member gave you prior approval to apply as a fiscal sponsor?
- Select One -

* **Tax Exempt Certification**
Please upload the appropriate information from a., b., or c. above.
Choose File No file chosen
Upload

* Select your organization's Tax-Exempt Certification status under the Internal Revenue Service code.
- Select One -

ORGANIZATION'S PRIMARY CONTACT: Provide information for the chief executive of the tax-exempt organization applying (can also be known as the Executive Director, CEO or President).

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 COLLEGE OR UNIVERSITY.)

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

* **Title**

* **Address**

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

[   ]   - Select One -   [   ]

✳ Phone   Extension   ✳ Cell Phone   ✳ E-mail
Format: 999-999-9999   Format: 999-999-9999

[   ]   [   ]   [   ]   [   ]

✳ Race/Ethnicity   ✳ Gender
- Select One -   ⌄   - Select One -   ⌄

1.2 General Information - REQUEST

PRIMARY CONTACT FOR THIS REQUEST: Please provide the following information for the person to whom all communication regarding this application should be directed.
**If you are applying on behalf of a <u>college or university</u>, please provide the person that is most knowledgeable about the project as the request's primary contact. (DO NOT LIST THE DEVELOPMENT OFFICER if they are not the person most knowledgeable about the work being proposed.)

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

✳ Title
[   ]

✳ Primary Contact's Office Mailing Address
[   ]

✳ Office City   ✳ Office State   ✳ Office Zip Code
[   ]   - Select One - ⌄   [   ]

✳ Telephone   ✳ Cell Phone   ✳ E-mail
Format: 999-999-9999   Format: 999-999-9999

[   ]   [   ]   [   ]

ORGANIZATION'S NORTH CAROLINA PRIMARY OR CENTRAL OFFICE INFORMATION

If your organization's primary or central office is not in North Carolina, under "County" please select "OUTSIDE NORTH CAROLINA".

✳ County Work Location
NC County where the organization's primary or central office is located.
- Select One -   ⌄

Physical Street Address
[   ]

City   State   Zip Code
[   ]   [   ]   [   ]

1.3 General Information - ORGANIZATION'S MISSION AND CORE PROGRAMS

✳ **Please briefly state your organization's mission.**
word limit 150

[   ]

Word count 0 of 150

The Z. Smith Reynolds Foundation's State-Level Systemic Change online grant application deadline is

✳
I acknowledge I must submit my application online to ZSR no later than

None ⌄

[Save & Finish Later]   [Next]

1. General Information   2. Proposal Summary   3. Proposal Narrative   4. Application Information   5. Budget Attachments   Review My Application

2. Proposal Summary

✳ Required before final submission

Printer Friendly Version | E-mail Draft

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2. Proposal Summary

✳ **2.1 Please provide a brief summary of the work proposed in this application.**
word limit 150

Word count 0 of 150

✳ **2.2 Please provide a summary of your short-term goals or benchmarks for the work you are proposing and your timeline for achieving them during the grant period.**
word limit 300

Word count 0 of 300

Save & Finish Later   Next

1. General Information   2. Proposal Summary   3. Proposal Narrative   4. Application Information   5. Budget Attachments   Review My Application

3. Proposal Narrative

Printer Friendly Version | E-mail Draft

* Required before final submission

3. Proposal Narrative

This proposal narrative is the primary opportunity for you to more fully explain your grant application to the Foundation.

As a reminder, the State-Level Systemic Change grantmaking is guided by the Foundation's core values and State-Level Systemic Change Vision and Strategy Statement. The Foundation's SLSC grantmaking seeks to remove structural barriers and improve outcomes for North Carolinians across four priority areas: Advancing Public Education; Fostering a Healthy and Sustainable Environment; Promoting Social and Economic Justice; and Strengthening Democracy. The Foundation also focuses on issues and opportunities that cut across two or more of these priority areas or that arise at the intersection of these priority areas.

Thus, within the State-Level Systemic Change Strategy, ZSR seeks to invest in local, regional and state organizations that are willing to work together toward a collective vision of state-level systemic change that allows all North Carolinians to have the resources and opportunities necessary to achieve their full potential and where each person's worth and dignity is affirmed. The Foundation recognizes that this work is embedded in an ever-changing context, and the Foundation understands that organizations must reflect upon their work and the changing environment to determine if their initial goals and tactics are still moving toward the change they seek.

* 3.1 The Organization's focus, context and path to systemic change
Please describe your organization's proposed work towards state-level systemic change. You do not need to write about these topics in this order, but your narrative should include:

+ Your issue area(s) of focus and what you are hoping to achieve over the period of the grant.

+ The core strategies and approaches you plan to use.

+ How your organization is working at the local, regional or state level to contribute toward making state-level systemic change.

+ The context in which you are working, including challenges, barriers, opportunities or points where you can leverage change.

+ If you find it helpful, please include an example(s).

word limit 1500

Word count 0 of 1500

* 3.2 Constituency(ies)
The Foundation prioritizes work targeted at improving opportunities and outcomes with and for populations who have been historically marginalized, subjected to discrimination, or excluded from full participation in society. Please describe the constituencies that are engaged in and/or impacted by your work.
word limit 300

Word count 0 of 300

* 3.3 Networks and Complementary Strategies
The Foundation believes that lasting state-level systemic change is most likely to be achieved and sustained through the combined efforts of networks of local, regional, and statewide organizations working across constituencies, geographies, issues, and lines of difference and using multiple strategies and approaches towards common or aligned goals.

+ Please describe the organizations with which you plan to work during the grant period, the goals you share, and whether this is a new or existing partnership.

+ You may wish to describe the unique strengths and assets your organization brings to the larger effort to achieve state-level systemic change in your issue area(s). If applicable, how does your work amplify or complement the work of others?

word limit 500

Word count 0 of 500

3.4 Additional Thoughts
Is there anything else you would like to share about your organization or the work you are proposing?
(Please note this section is optional.)
word limit 150

Word count 0 of 150

Save & Finish Later   Next

1. General Information   2. Proposal Summary   3. Proposal Narrative   4. Application Information   5. Budget Attachments   Review My Application

4. Application Information

✱ Required before final submission

4. Application Information

This information assists the Foundation to better process your application. Please answer the following questions:

4.1 Your Issue Area:

The Foundation has a particular focus on state-level systemic change work in four priority areas: Advancing Public Education; Fostering a Healthy and Sustainable Environment; Promoting Social and Economic Justice; and Strengthening Democracy. The Foundation recognizes that some organizations are doing work that cuts across two or more of these issues or that arises at the intersection of these priority areas.

✱ *Please select ONE priority area that is most aligned with the work described in your proposal. This selection assists ZSR in processing your application and is not intended to indicate a limitation on your work; the Foundation recognizes your organization's work may in fact fit in more than one priority area.*

- Select One -   ▾

If your work impacts more than one priority area and you would like to discuss the cross-cutting nature of it, please provide a brief explanation.

4.2 Funding Type/Amount:

The Foundation recognizes that State-Level Systemic Change work requires ongoing and consistent funding. While the Foundation will not provide multi-year support to all grantees within this strategy, the Foundation prefers to provide multi-year general operating support.

For what type of support are you applying?

✱ Type of Support
- Select One -   ▾

✱ **Please enter one of the following:**
(If requesting funds for general operating support, put For general operating support.)
(If requesting funds for project support, put the project's title.)
(If requesting funds for a college/university, please list the center/department/institute requesting funds, then the project title.)
word limit 25

Period for which funds are requested:

✱ Length of Grant: ✱ Start Date   ✱ Year 1   ✱ Year 2
- Select One - ▾   Please select the start date for your request period.   Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.   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   ✱ Enter the total amount being requested
Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.   The total amount requested *must equal* to the funding requested in Year 1, Year 2 & Year 3.
Please enter "0" if you are not requesting funding in Year 3.   Please enter the total amount WITHOUT any commas, dollar signs or other non numeric character.

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

4.3 Organizational or Project Expenses:

For General Operating Support Only:
In the previous question 4.2, if you indicated you are applying for General Operation Support for this application, **please enter your organization's prior year total expenses.**

✱
- If your organization is an out-of-state organization, we need the NC prior year's actual expenses.
- If your organization is applying as the fiscal sponsor for another group, we need the fiscal sponsor's prior year's actual expenses.

For Project Support Only:
In the previous question 4.2, if you indicated you are applying for Project Support for this application, **please enter the year-one total expenses of the project.**

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

4.4 Geographic Scope:

✱ a. Please Indicate the Geographic Scope of your work.
- Select One -   ▾

✱ b. Please Select Counties Served. (Select all that apply)
If you select All 100 Counties as your selection, do not select a county or multiple counties.

☐ 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 ☐ PAMLICO ☐ PASQUOTANK ☐ PENDER ☐ PERQUIMANS ☐ PERSON ☐ PITT ☐ POLK ☐ RANDOLPH ☐ RICHMOND ☐ ROBESON ☐ ROCKINGHAM ☐ ROWAN ☐ RUTHERFORD ☐ SAMPSON ☐ SCOTLAND ☐ STANLY ☐ STOKES ☐ SURRY ☐ SWAIN ☐ TRANSYLVANIA ☐ TYRRELL ☐ UNION ☐ VANCE ☐ WAKE ☐ WARREN ☐ WASHINGTON ☐ WATAUGA ☐ WAYNE ☐ WILKES ☐ WILSON ☐ YADKIN ☐ YANCEY

4.5 Staff Information:

a. Please describe the make up of your staff. Enter a number between 0 and 999,999. Do not use decimal points. If you do not have staff that meets the requirements, place a 0 in the box. (The box cannot be left blank.)

✱ Full-time   ✱ Part-time   **Total:**
                                           0.00 ▤

b. Gender Identity of Staff

✱ Male   ✱ Female   ✱ Other   **Total:**
                                                   0 ▤

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

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

✱ Other Race/Ethnicity   **Total:**
                                 0 ▤

4.6 Executive Leadership:

Please indicate the demographic information of your organization's executive level staff (staff with decision-making authority), including the Executive Director/President/CEO and any others with executive management authority. Enter a number between 0 and 999,999. Do not use decimal points. If you do not have executive staff that meet the requirements, place a 0 in the box. (The box cannot be left blank.)

a. 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

b. Race/Ethnicity – What is the race/ethnicity make up of the Executive-Leadership team?
Do not use decimals. Put 0 if not applicable.

* White/Caucasian Executive Leadership (Non Latinx/Hispanic)	* Black/African American Executive Leadership (Non Latinx/Hispanic)	* Latinx/Hispanic Executive Leadership	* American Indian/Native American or Alaska Native Executive Leadership

	* Asian/Asian American Executive Leadership	* Multi-Racial Executive Leadership	* Other Executive Leadership	Total Race/Ethnicity Executive Leadership
				0

c. Gender Identity – 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

4.7 Board Information:

Please describe the make up of your board. Enter a number between 0 and 999,999. Do not use decimal points. If you do not have board members that meet the requirements, place a 0 in the box. (The box cannot be left blank.)

Gender Identity of Board

* Males	* Females	* Other	Total Board Gender
			0.00

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

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

* Other Race/Ethnicity	Total:
	0

4.8 Demographic Composition:

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/Native American or Alaska Native	* Asian/Asian American	* Multi-Racial

* Other Race/Ethnicity	Total: Must total to 100
	0%

4.9 Additional Board Information:

Upload additional board information.

* 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.
[Choose File] No file chosen
[Upload]

Advisory Board
FOR COLLEGES/UNIVERSITIES ONLY:
If your center, institute, or project has an Advisory Board or Board, please upload one document which contains the following information:
1. Name of each advisory board member;
2. City and State of Residence of each advisory board member;
3. Occupation of each advisory board member;
4. Gender Identity of each advisory board member;
5. Race/ethnicity of each advisory board member.
[Choose File] No file chosen
[Upload]

[Save & Finish Later] [Next]

Z. Smith Reynolds
FOUNDATION

Contact Us |

1. General Information   2. Proposal Summary   3. Proposal Narrative   4. Application Information   5. Budget Attachments   Review My Application

5. Budget Attachments

✻ Required before final submission

5. Management Letters and/or Audit Exceptions

If you received any Management Letters or audit exceptions prepared by the auditor, please upload a copy of the opinion letter(s) as well as the responses. DO NOT UPLOAD YOUR 990.

Management Letters and/or Audit Exceptions

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

IMPORTANT: For uploading attachments within the application – The recommended format is Adobe PDF (Excel and Word will be accepted; however, saving attachments as Adobe PDF prior to uploading is preferred).TIF or JPEG or PNG formats will NOT be accepted.

**If a budget is required, upload a budget, even if it is a draft. If not included, the application would be considered incomplete and delays the review process.
EXCEPTIONS: The organization is new and has no prior year budget or prior year actuals. The organization is less than 3 months into its calendar or fiscal year. In this instance, current year actuals would not be needed. (A document would need to be uploaded that states either of the exceptions listed.)

5.1 Budget Information: **Prior** Year Actual Revenues and Expenses

Please refer to our website at http://zsr.org/sample-budgets on the format of the Prior Year Actual Revenues and Expenses.

✻ Budget - Prior Year Actual Revenues and Expenses

Please provide the Prior Year Actual revenues received and expenses paid.

Budget – Prior Year Actual Revenues and Expenses

5.2 Budget Information: **Current** Year Budget

Please refer to our website at http://zsr.org/sample-budgets on the format of the Current Year budget.

✻ Budget - Current Year

Please provide the Current Year Approved Budget. It must include the following:

• Amount budgeted-revenues and expenses-for the current year by line item. **If an approved budget is not available, furnish a draft until the approved budget is available.**
• In addition to, 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 the fiscal sponsor's current year's budget in addition to your current year's budget.

5.3 Budget Information: **Next** Year Budget

Please refer to our website at http://zsr.org/sample-budgets on the format of the Next Year budget.

✳ Budget - Next Year

Please provide the Next Year Budget. It must include the following:

• 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 one budget or years' budgets.

If an approved budget is not available include a draft.
The next year one budget will be all that is required. Years of funding requested will not change this.

If more than one budget must be submitted, combine into one document, and label each budget accordingly. (For example: For the next year one budget if your organization is an out-of-state organization and has an NC budget, as well, combine the organization next year one budget and NC next year one budget into one document and label each.)

Budget - Next Year

5.4 Budget Information: Project Budget

(If you are requesting general operating support, DO NOT COMPLETE THIS SECTION. Project budgets are NOT required for General Operating Support applications.)

IMPORTANT
The project budget must have two columns – one column for the entire project budget for that year (include both revenues and expenses) and one column that is a breakdown of what ZSR funds would cover.

Please refer to our website at http://zsr.org/sample-budgets on the format of the project budget.

Budget - Project Budget

Please provide the Year one Project Budget. If requesting multiple years of funding for a project and staff feel as though an additional budget is needed it will be requested.

The project budget must include:

• Column one -list the following:

 1. All revenues budgeted by line item for the project for that year.
 2. All expenses budgeted by line item for the project for that year.

• Column two -list the following:

 1. Revenue - Amount requested from ZSR for that year.
 2. Expenses - Each line item that ZSR's grant would cover for that year.

Budget – Project Budget Year One

Save & Finish Later   Review