

ID:

R-2025-941158

Draft

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Organization Information

Organization Name*

Primary Contact*

Primary Contact Title:

Primary Signatory*

County in which your organization's primary headquarters is located. If your primary headquarters is not located in North Carolina, select either "Outside North Carolina - No NC Office" or "Outside North Carolina with NC Office(s)." (You can find these at the bottom of the list.)*

As part of the application process, ZSR may conduct an in-person site visit with your organization. Please enter the physical address for the site visit location.*

Organization's Mission*

Please briefly state your organization's mission.

The information listed below is from your Organization's profile. Please review to ensure the information is up to date.

Organization Name:

Organization Address: ,

Organization County:

Organization Phone:

Organization Email:

Postal Code (ZIP):

TAX ID/EIN:

CEO Ethnicity:

CEO Gender:

To request changes to this information, fill in the comments box below with the details of what you would like changed. If you are a *moderator*, please navigate to the "Organization" tab on the left and update the information there.

Description of requested changes:

Does your organization have an affiliated 501(c)(4)?

Does this grant include a Fiscal Sponsor?

Grant Information

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*

Project Title*

Please enter one of the following:

- If requesting funds for general operating support, enter "for general operating support."
- If requesting funds for project support, enter the title of the project.

Project Summary*

Short Term Goals or Benchmarks *

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.

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

Constituency(ies) Impacted*

The Foundation prioritizes work targeted at improving opportunities and outcomes with and for the 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.

Network 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 areas(s). If applicable, how does your work amplify or complement the work of others?

Federal Impact*

Have cuts to federal staff, programs or funding or lack of state budget impacted your organization or work, and if so, how?

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)

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 the 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 of your work; the Foundation recognizes your organization's work may, in fact, fit in more than one priority area.

Priority Area*

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.

Please indicate the Geographic Scope of your work.

Geographic Scope*

Please select the counties served (Select all that apply)*

Staff Information

Please describe the make up of your staff. Enter a number between 0 and 100. 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

Gender Identity of Staff

Male*

Female*

Other*

Gender Identity of Staff 0

Total:

Race/Ethnicity of Staff

**American Indian/Native
American or Alaska Native***

Asian/Asian American*

**Black/African American
(Non Latine/Hispanic)***

Latine/Hispanic*

Multi-Racial*

Other Race/Ethnicity*

**White/Caucasian (Non
Latine/Hispanic)***

Race/Ethnicity of Staff Total: 0

Executive Leadership Information

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 100. 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.)

Full Time*

Part Time*

Total: 0

Gender Identity of Executive Leadership

Male*

Female*

Other*

Executive Leadership 0

Gender Total:

Race/Ethnicity of Executive Leadership

American Indian/Native

American or Alaska Native*

Asian/Asian American*

**Black/African American
(Non Latine/Hispanic)***

Latine/Hispanic*

Multi-Racial*

Other Race/Ethnicity*

**White/Caucasian (Non
Latine/Hispanic)***

Race/Ethnicity of Executive 0

Leadership Total:

Board Information

Please describe the make-up of your board. Enter a number between 0 and 100. 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

Male*

Female*

Other*

Board Information Gender 0

Total:

**American Indian/Native
American or Alaska Native***

Asian/Asian American*

**Black/African American
(Non Latine/Hispanic)***

Latine/Hispanic*

Multi-Racial*

Other Race/Ethnicity*

**White/Caucasian (Non
Latine/Hispanic)***

Race/Ethnicity of Board 0

Total:

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.

Demographic Composition

Black/African American (Non Latine/Hispanic) (100%)

Requested Term and Amount

Length of Grant (Months)*

Year 1 Amount*

Total Requested: \$0.00

Amount Requested: \$0.00

▼Documents

PDFs Required

Required Documents:

See budget templates [here](#).

Budget Info: Prior Year Actual Revenues and Expenses

Please provide the prior year actual revenues and expenses paid.

Budget Info: Current Year Budget

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, please provide a draft until the approved budget is available.
- If your organization is an out-of-state organization, please provide the approved NC current year budget in addition to total budget.
- If your organization is being fiscally sponsored, we need the fiscal sponsor's current year budget in addition to your current year budget.

Budget Info: Next Year Proposed Budget

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, please provide the NC next year budget as well.

If an approved budget is not available, please include a draft. The next year budget is all that is required, regardless of number of years of funding requested.

If you must submit more than one budget, please combine into one document, and label each budget. For example, if your organization is an out-of-state organization submitting a next year total budget and a separate next year NC budget, please combine these two budgets into one document with labels/headers to indicate which budget is which.

Board Information: Board of Directors

Please upload a 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.

Optional Documents:

Advisory Board (for College and Universities ONLY)

If your center, institute or project has an Advisory Board, please upload a document that 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.

▼Nonprofit Internship Program

ZSR grant partners may be eligible to host a summer intern through the Nonprofit Internship Program. If you're interested in being considered as a host site for this program, please complete the questions below. For more information on NPIP, please visit this page: [NPIP: Nonprofit Internship Program - North Carolina Network of Grantmakers](#)

Does your organization want to be considered as a host for a Nonprofit Internship Program (NPIP) in summer 2027?*

Has your organization hosted an intern before?

How might an intern support your organization next summer? (Multiple Choice, select all that apply):