Community Progress Fund Sample Application | **ID:**

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Organization Information

Organization Name*

Primary Contact*

Primary Contact Title:

Primary Signatory*

County in which your organization's primary headquarters are 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).*

Drop Down Menu

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. **(This section is pre-populated from your organization's Online profile).**

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)? Drop Down Menu

Does this grant include a Fiscal Sponsor? Drop Down Menu

Grant Information

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 Description*

Statement of Need*

What community issue are you addressing, or do you plan to address? In your explanation, please be sure to include informaiton 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

Scope of Work*

What are the goals and corresponding timeline for the proposed work during the grant period, beginning in summer 2026? How would ZSR funds be used?

Geography Served

ZSR would like to know more about the geographic community that would be served by the Community Progress Fund grant. Please select the counites where the proposed work will take place, which may or may not be where the organization is headquartered.

Counties Served* **Drop Down Menu**

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 primarily people of color? 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). **Drop Down Menu**

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

Staff Information

Please describe the make up of your staff. Enter a number. 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

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

Board Information

Please describe the make up of your board. Enter a number. 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).

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 Total: 0

Requested Term and Amount

Please choose the range of your organization's total actual expenses for the prior fiscal year:

Prior Year Expenses Amount *

Length of Grant (Months)*

The amount per year should be between $20,000-$40,000

Year 1 Amount* $0.00

Total Requested: $0.00

If your organization recieves less than you requested, or only one year of funding, how would that impact your scope and time line for the work?*

▼ Documents

Required Documents:

Budget: Proposed Year 1

If you are requesting general operating support, do not complete this section. Project budgets are not required for General Operating Support Applications.

IMPORTANT:
The budget must have two columns --one column for the entire budget for the year requested (include both revenues and expenses) and one column that is a breakdown of what ZSR funds would be used to cover.

Please provide the year one budget only. If requesting two years, the year two budget may be requested at a later time.

The budget must include:

- Column One- List the following:

All proposed revenues budgeted by line item for year one.
All proposed expenses budgeted by line item for year one.

- Column Two-List the following:

Revenues-Amount requested from ZSR for year one.
Expenses-Each line item that ZSR's grant would cover for year one.

Optional Documents:

Affiliated 501(c)(4)

GRANT DOCUMENTS

ORGANIZATION DOCUMENTS