NCCF Community Grantmaking Application

North Carolina Community Foundation

Organization Information

If you have not done so already, please take a moment to review our Grantmaking Guidelines and these Frequently Asked Questions (FAQs) which have important information on eligibility and grant requirements.

Project Name*

Name of Project

Character Limit: 250

Organization Type*

Select one of the following options that best describes your organization.

Choices

501c3 Public Charity
Local government entity (includes public schools)
Religious entity

Mission Statement*

Please enter your organization's mission statement.

Character Limit: 500

Organization Fiscal Year Begin Date*

Enter your organization's fiscal year begin date. *(For example, if your organization's fiscal year is July 1 to June 30, then enter July 1 as your fiscal year begin date.)*

Character Limit: 10

Organization Fiscal Year End Date*

Enter your organization's fiscal year end date. *(For example, if your organization's fiscal year is July 1 to June 30, then enter June 30 as your fiscal year end date.)*

Character Limit: 10

Total Organizational Budget Information

The following ten (10) questions are related to your organization's **total** organizational budget and staff. Please enter information about your total budget for these ten questions, and not information specific to this request. Budget information related specifically to this proposal will be addressed later in the application.

Total Annual Organizational Expenses*

Enter your organization's total annual expenses.

Character Limit: 20

Total Annual Organizational Income*

Enter your organization's total annual income from all sources.

Character Limit: 20

Sources of Income*

Select the sources of income for your organization. Please check all that apply.

Choices
Government Grants
Foundations
Corporations
Individual Donors
Membership Income
Earned Income
Other (see next question)

Other Sources of Income*

If you selected "Other" in the previous question, please enter those other sources of funding below. If you did not select "Other," then enter N/A.

Character Limit: 100

Staff Employed*

Enter the number of total, paid staff employed at your organization. If your organization is completely run by volunteers, enter zero (0) for this question. *You may provide details about the volunteers that run your organization in the question titled "Volunteers."*

Character Limit: 10

Staff Salary Percentage*

Enter the percentage of your total annual organizational budget that is staff salary and benefits. *(For example, if your organization's total salaries and benefits cost is 30% of your total budget, enter 30 in the space below.)*

If you answered that you have zero (0) paid staff, enter 0 as the percentage.

Character Limit: 5

Volunteers

If you responded that your organization is run entirely by volunteers and with no paid staff, please explain that here by detailing the number of volunteers that work on a weekly basis that perform core functions that would otherwise require paid staff in order for your organization to operate. Otherwise, you may skip this question.

Character Limit: 250

Budget Contact Information

For the next three (3) responses, enter the contact information for the person at your organization that can answer questions about your total organizational budget.

Budget Contact Name*

Character Limit: 50

Budget Contact Phone Number*

Character Limit: 20

Budget Contact Email Address*

Character Limit: 50

Program Type*

Please select from the program area below. *Once you have done that, a second box will appear where you should select the sub or related area of work.*

Populations Served

For the five (5) questions below, select those populations which your organization primarily serves. If your organization's work is not limited to certain populations, you may select "Does not apply" for those responses.

Age*
Choices
Adults
Aging
Children & Youth
Young Adults
Does not apply

Disability*
Choices
All people with disabilities
Blind/visually impaired
Deaf/hearing impaired
Mentally disabled
Physically disabled
Does not apply

Ethnicity*
Choices
All Minorities
African American/Blacks

Asian
Asians/Pacific Islands
Hispanics/Latinos
Indian
Native Americans/American Indian
Other minority population
Does not apply

Other Special Populations*

Choices
AIDS (people with)
Crime/abuse victims
Economically disadvantaged
Homeless
Immigrants/refugees
LGBTQ
Migrant workers
Military/veterans
Offenders/ex-offenders
Single parents
Substance abusers
Terminal illness (people with)
Does not apply

Population Served Gender*
Check all that apply.

Choices
Women
Men
Transgender
Gender Non-conforming
Does not apply

Unifour Applicants Only
If you are applying for a grant from Unifour Foundation, please check the counties that apply:

Choices
Alexander
Burke
Caldwell
Catawba

County/Counties Served*
Which NCCF affiliated county/counties do you serve?

Choices
All NC Counties
Alexander

Alleghany
Anson
Ashe
Avery
Beaufort
Bertie
Brunswick
Caldwell
Camden
Carteret
Catawba
Cherokee
Chowan
Clay
Columbus
Craven
Currituck
Dare
Duplin
Edgecombe
Franklin
Gates
Graham
Granville
Greene
Halifax
Harnett
Haywood
Hertford
Hoke
Hyde
Jackson
Johnston
Jones
Lee
Lenoir
Macon
Madison
Martin
Montgomery
Moore
Nash
New Hanover
Northampton
Onslow
Pamlico
Pasquotank
Pender
Perquimans

Person
Pitt
Qualla Boundary
Randolph
Robeson
Rockingham
Sampson
Surry
Swain
Vance
Wake
Warren
Watauga
Wayne
Wilkes
Wilson
Yadkin

County Main Office Located in*

Which county is your main office located in?

Character Limit: 50

Proposal Summary

Type of Request*

Please refer back to both the eligibility and restriction sections of our Grantmaking Guidelines and Frequently Asked Questions (FAQs) to ensure that your type of request aligns with these requirements.

Note: The budget form that you will attach later in the application <u>must</u> match the type of request you select here. Select the type of request (either General Operating Support or Program/Project), and the budget template will be available in the Budget Attachment section of the application. Instructions will be provided in the Budget Information section.

Choices

General Operating Support
Program/Project

Brief Request Summary*

Briefly describe the goal/purpose of this request and how it will be accomplished.

Character Limit: 250

Brief Expense Summary*

Briefly describe how funds will be used if the request is approved.

Character Limit: 250

Amount Requested*

Minimum Request $500. Requests for less than $500 will not be considered.

Please note: This program does not support reimbursement of costs incurred prior to the deadline for submission of your application. Your request may only include costs that will occur in the future, **after the submission deadline** of the application.

Character Limit: 20

Total Program/Project Budget*

- If you are applying for **general operating support**, enter your organization's total operating budget.

- If you are applying for a **program/project**, enter the total cost of this specific program/project.

Character Limit: 20

Program/Project Begin Date*

- If you are applying for **general operating support**, enter your organization's fiscal year starting date.

- If you are applying for a **program/project**, enter the specific date the program/project begins.

Character Limit: 10

Program/Project End Date*

- If you are applying for **general operating support**, enter your organization's fiscal year end date.

- If you are applying for a **program/project**, enter the specific date the program/project ends.

Character Limit: 10

Proposal Detail

The following five (5) questions allow you to tell us more about your proposed work. You must have a narrative response to **each** question below. Proposals without answers to these questions, or answers such as "N/A" or "none" will not be considered.

Community Need*

Describe the existing community need that will be addressed if this request is funded.

Character Limit: 1500

Activities/Operations*

- If applying for a **Program/Project**, please outline the specific activities and timetable that will be supported if this grant is awarded.

- If applying for **General Operating Support**, please describe the organization's general operations, primary programs and services, including any significant events.

- **Faith-based organizations** <u>must</u> address **both bullet points** below by describing how your program/project aligns with NCCF's guideline that funding is **only available for activities that:**

    - are <u>not</u> restricted to members of a particular faith community; **and**

    - <u>do not</u> promote religious doctrine.

Character Limit: 1500

Staff, Volunteers, Partners*

Who are the key staff or volunteers responsible, and what are their qualifications? List any collaborating organizations.

Character Limit: 1500

Goals*

What are the measurable goals that could be met with this funding support?

Character Limit: 1500

Evaluation Procedures*

How will you measure success? Describe the evaluation process.

Character Limit: 1500

Program/Project Budget Information

Program/Project Budget Information
ALL APPLICANTS must upload a budget document based on the type of request being submitted. You have selected Program/Project as your request type. The budget template required for this type of application is included below.

Please remember our guidelines when completing your budget. **Grants are not awarded for:**

- Annual fund or capital campaigns

- Political purposes or lobbying

- Programs/activities that are restricted to members of a particular faith or promote religious doctrine

- Loans

- Reimbursement *(This program does not support reimbursement of costs incurred prior to the deadline for submission of the application. Your request may only include costs that will occur in the future, after the submission deadline of the application.)*
- Individuals
- Re-granting by the applicant organization
- General operating support for religious entities

Program/Project Budget Attachment*

Please read the following instructions carefully:

Use the **Program/Project** budget template below. <u>**No other document will be accepted.**</u> If you decide to change your selection of request type, the budget form for your edited application type will appear.

1. Download the template linked below.
2. Once downloaded to your computer, complete the template and save it to your computer. Return to this application section to upload the <u>completed</u> document.
3. Click the "Upload a file" button below.
4. Locate the file on your computer that you would like to upload, click on it to select it, and click "Open".
5. Click "Upload".

Only the following file types are accepted:

- Microsoft Excel (.xls, .xlsx)
- Microsoft Word (.doc, .docx)
- Adobe Acrobat (.pdf)
- Image Format (.jpg, .jpeg)

A red X will appear beside an uploaded document. Before you submit the application, you can click on that X if you would like to delete the document.

<u>PROGRAM/PROJECT</u>

Use this template: NCCF Program/Project Budget Template

File Size Limit: 5 MB

Budget Verification*

Please open the file above to verify that it is the completed template. If you have uploaded an incomplete or incorrect form, you may delete the file and upload the correct one.

If the correct file is not uploaded, your request will not be reviewed by the selection committee.

Choices

Yes, I have verified that it is the correct budget.
No, I have not verified that it is the correct budget.

General Operating Support Budget Information

General Operating Support Budget Information
ALL APPLICANTS must upload a budget document based on the type of request being submitted. You have selected General Operating Support as your request type. The budget template required for this type of application is included below.

Please remember our guidelines when completing your budget. **Grants are not awarded for:**

- Annual fund or capital campaigns
- Political purposes or lobbying
- Programs/activities that are restricted to members of a particular faith or promote religious doctrine
- Loans
- Reimbursement *(This program does not support reimbursement of costs incurred prior to the deadline for submission of the application. Your request may only include costs that will occur in the future, after the submission deadline of the application.)*
- Individuals
- Re-granting by the applicant organization
- General operating support for religious entities

General Operating Support Budget Attachment*

Please read the following instructions carefully:
Use the **General Operating Support** budget template below. **No other document will be accepted.** If you decide to change your selection of request type, the budget form for your edited application type will appear.
1. Download the template linked below.
2. Once downloaded to your computer, complete the template and save it to your computer. Return to this application section to upload the underlined completed document.
3. Click the "Upload a file" button below.
4. Locate the file on your computer that you would like to upload, click on it to select it, and click "Open".
5. Click "Upload".
Only the following file types are accepted:
- Microsoft Excel (.xls, .xlsx)
- Microsoft Word (.doc, .docx)
- Adobe Acrobat (.pdf)
- Image Format (.jpg, .jpeg)
A red X will appear beside an uploaded document. Before you submit the application, you can click on that X if you would like to delete the document.

<u>GENERAL OPERATING SUPPORT</u>
Use this template: NCCF Organizational Budget Template
File Size Limit: 5 MB

Budget Verification*

Please open the file above to verify that it is the completed template. If you have uploaded an incomplete or incorrect form, you may delete the file and upload the correct one.
If the correct file is not uploaded, your request will not be reviewed by the selection committee.

Choices

Yes, I have verified that it is the correct budget.
No, I have not verified that it is the correct budget.

(Optional) Additional Supporting Documentation

(Optional) You may attach additional supporting documentation that you feel helps demonstrate the **work associated with this proposal**. This is **not** required. The accepted file types and size limits are listed below. Please do not attach files lengthy in numbers of pages. Only the following file types are accepted:

- **Adobe (.pdf)**
- **Microsoft Excel (.xls, .xlsx)**
- **Microsoft Word (.doc, .docx)**
- **Images (.jpg, .jpeg)**

File Size Limit: 1 MB

File Size Limit: 1 MB

File Size Limit: 1 MB

Board

Current Board Members*

List current board members for your organization. Applicants should list the members of the governing board/body that has authority over the applicant organization/agency. For a nonprofit organization, this would be its board of directors. For a government entity, this may be a town council, county commission, school board, advisory council/committee, etc.

Please include the following:

- full name
- board title
- organization/employer
- city of residency

Alternatively, you may upload a file that includes this information. Only the following file types are accepted:

- Adobe (.pdf)
- Microsoft Excel (.xls, .xlsx)
- Microsoft Word (.doc, .docx)
- Images (.jpg, .jpeg)

Character Limit: 1500 | File Size Limit: 3 MB

Board Member Contribution*

What percentage of your board members have made a financial contribution to your organization in the last twelve (12) months? Please <u>select only one</u> of the following choices:

Choices
100%
About 75%
About 50%
About 25%
0%

Terms of Agreement

If you are ready to submit your application to NCCF, you must first respond to each statement below, digitally sign, and then submit.

The applicant verifies completion of the application according to instructions.*

This application has been completed in full and according to all requirements herein, including but not limited to the following:

- o The organization meets eligibility requirements, and the correct Tax ID number is included.
- o The budget information has been uploaded according to instructions based on type of request.

If you are not sure, please recheck before responding. Application may be disqualified based on whether or not these requirements are met.

Choices

I agree to these terms.

This organization does not discriminate.*

This organization offers programs and services without discrimination on the basis of age, race, national origin, ethnicity, gender, physical ability, sexual orientation, political affiliation, or religious belief.

Choices
I agree to these terms.

If awarded, grantee will comply with grant purpose and reporting requirements.*

Any funds received for this proposal will be used for the stated charitable purpose and in accordance with the grant terms and conditions provided at time of award, including completion of required reports by their deadlines. Funds will not be used for costs incurred prior to the deadline for submission of this application.

Choices
I agree to these terms.

If awarded, grantee will follow NCCF's acknowledgement and publicity guidelines.*

This organization will acknowledge any grant received in accordance with the terms outlined in the grant terms and conditions, and the NCCF may publicize this project or program in all publications, including web-based communications, should the proposal be funded.

Choices
I agree to these terms.

NCCF may share this proposal. (Participation Not Mandatory)*

Should this proposal not be funded by this NCCF grants program, the organization authorizes NCCF to share this proposal in its entirety with other potential funding sources at its discretion.

Choices
Yes
No

Signature

Digital Signature*

By typing my name in the following space, I certify that I am an authorized representative of the charitable organization named in this application.

I further certify that this application is submitted with the full knowledge and consent of the organization's Board of Directors or other governing body.

Character Limit: 100

To save your application for future use, click **SAVE**below.

Clicking **SAVE** does **NOT SUBMIT** your application.

When you are ready to submit the application to NCCF, click **SUBMIT**.

We recommend that you review your application one last time before submitting to confirm that all required responses and attachments are present.

You will receive a confirmation email. If you do not, check that your email address is correct and check your spam/junk folder. If you still do not see an email confirmation, please contact your local NCCF Program Officer for assistance.

We recommend that you save and/or print a copy of your application for your records and for future reference.