Sample Nonprofit Grant Application Questions

Foundation For The Carolinas administers 22 public grant programs, each with their own priorities and requirements. Despite these slight differences in applications, they do have many questions in common and similar requirements.

The sample application below is meant as a guide to help you gather information you will need for your application, but **you must follow instructions for the specific program for which you are applying**. The sample application below does not reflect program-specific questions or branching logic (questions that appear based on how a previous question is answered).

Required questions are noted with an asterisk*

Starting the process

1. Visit the online portal (https://fftcgrants.communityforce.com) to search for the application for a given program.

2. Answer any eligibility questions, if applicable. Eligibility questions may include nonprofit status, geographic location, population served, etc...

3. After answering the eligibility questions, applicants may download the specific application to view the complete list of questions and requirements.

4. Complete the online application. **FFTC only accepts applications via the online portal. Paper applications are not accepted**. The portal allows for saving the application and returning later to complete and submit. All applications are due at 12 p.m. (Noon) on the designated date.

Applicant Summary

Please provide general information about your organization and contact details. This information will be used to create or update our grant record system.

Organization Information
- * Organization legal name:
- Organization AKA or DBA name, if applicable:
- * Mailing address:
- Mailing address line 2
- * Mailing city:
- * Mailing state:
- * Mailing county:
- * Mailing ZIP:
- * Organization phone:
- Organization web address:

Application Contact Information
- * Salutation:
- * Contact first name:
- * Contact last name:
- * Contact title:
- * Contact telephone number:
- * Contact email address:
- * Is the contact person listed above also the executive director of the organization?
- * Executive Director salutation:
- * Executive Director first name:
- * Executive Director last name:

Organizational Tax Status
- * Is your organization a 501(c)(3) nonprofit organization with valid EIN from the IRS?

  If yes, please answer the following questions:
  - * EIN (please type in the following format: XX-XXXXXXX):
  - * Attach a copy of your organization's official notice of tax-exempt status from the IRS (see links for a [sample document](#) or [directions on how to obtain the letter](#)).
  - * Attach a copy of your organization's current Board of Directors list.

  If no, please move to next question.

- * Is your organization a congregation, governmental institution, or accredited educational institution?
  - If Government Institution
    - * Attach proof of affiliation (written verification from state or local municipality of department/agency affiliation):
    - * Attach a staff or city/county board list:
  - If Congregation
    - * Attach staff list or proof of affiliation:
  - If Educational Institution
    - * Attach an administrative staff list for your institution:
    - * Attach your district's W-9 form:
    - If you are a public school, please confirm whether you have received authorization of this project from your Superintendent.

Organizational Overview

- * Organization mission:
- * Organization core services: *(100 word max.)*
- * Please provide the estimated number of volunteers for your organization (specific to your local unit, if applicable).
- * Please provide a brief description as to how you engage volunteers to further your mission. *(100 word max.)*
- * Did you receive a grant from our program last year?
- * What services or programs were provided? What were you able to accomplish with this award that you otherwise would not have been able to? *(200 words max.)*

Organization Demographic Information

Complete all fields. Enter "0" for percentage fields that do not apply to your organization, all fields should total 100%. Please respond to the questions to the best of your ability and estimates are acceptable.

- * **Service Population** - Describe the overall population your organization serves by race/ethnicity.
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Hispanic or Latino
  - Native Hawaiian or Other Pacific Islander
  - White, non-Hispanic
  - Other

- * **Board of Directors race/ethnicity** - Describe the composition of your organization's current Board of Directors.
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Hispanic or Latino
  - Native Hawaiian or Other Pacific Islander
  - White, non-Hispanic
  - Other

- * **Board of Directors gender -** Describe the composition of your organization's current Board of Directors.
  - Female
  - Male
  - Non-binary

- * Total number of board members

- * **Leadership/Management Team race/ethnicity -** Describe the composition of your organization's current Leadership Team (Executive Director, CEO, Department Lead or higher).
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Hispanic or Latino
  - Native Hawaiian or Other Pacific Islander
  - White, non-Hispanic
  - Other

- * **Leadership/Management Team gender -** Describe the composition of your organization's current Leadership Team (Executive Director, CEO, Department Lead or higher).
  - Female
  - Male
  - Non-binary

- *What is the race/ethnicity of your current or acting Executive Director, CEO or President? Select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White, non-Hispanic
- Other

- *What is the gender of your current or acting Executive Director, CEO or President?
  - Female
  - Male
  - Non-binary

- * **Staff race/ethnicity -** Describe the composition of your organization's current staff.
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Hispanic or Latino
  - Native Hawaiian or Other Pacific Islander
  - White, non-Hispanic
  - Other

- * **Staff gender -** Describe the composition of your organization's current staff.
  - Female
  - Male
  - Non-binary

Project Description
Please explain the project you are applying for and how it aligns with the grant program's focus areas.

Project Overview
- * Project title: *(8 word max.)*
- * Brief project summary: *(50 word max.)*

Target Population
- * How many individuals do you plan to impact or engage with the project/program?
- * Please choose the focus area of your project/program:
  - Animal Welfare
  - Arts and Culture
  - Education K-12
  - Education-Higher and Workforce
  - Environment
  - Health
  - Housing
  - Human Services

- * If your program was specifically designed to serve a certain population, please indicate below: (Check all that apply.)
  - Race/Ethnicity:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White, non-Hispanic
- Other

- Gender
  - Female
  - Male
  - Non-binary

- Age Group
  - Children - Preschool (0 - 4 yrs)
  - Children - Elementary School (5 - 10 yrs)
  - Youth - Middle School (11 - 13 yrs)
  - Youth - High School (14 - 17 yrs)
  - Young Adult/College (18 - 22 yrs)
  - Adult (23 - 59 yrs)
  - Senior (60+ yrs)
  - Not Age Specific

- Additional Populations
  - Members of LGBTQ+ community or allies
  - Immigrants
  - Veterans
  - Residents with disabilities
  - Other
  - N/A

Detailed Project Summary
- * What is the geographic service area being served, such as neighborhood, county-wide, etc.?
- * Describe your project in detail, including proposed timeline and specifically how you would use the funds: *(200 word max.)*
- * What makes your organization unique and effective, as compared with other organizations working in your geographic area with similar populations? What is your organization doing to limit duplication or overlapping services? *(200 word max.)*
- * Do you need licensing, zoning, or other regulatory approval to conduct the project?
- * Is your organization working in partnership with one or more organizations?
- *Please list any organization(s)/community partner(s) you have chosen to partner with and why. Describe what their role in the project will be. (200 word max.)
- *Please attach letters from each partner confirming their participation. Letters must be uploaded as one document.

Results Description

Please explain the expected impact of your initiative and how you will track success.

- * What results are you committed to achieving during the grant period? How will you know if you are successful? Please describe how the project will impact the Result. (*300 words max.*)
- * What have you achieved in the past three years that contributes to your organization's success and explain why a grant for this project/program will produce results for those served? (*200 words max.*)
- * If you have received funding from this program recently, what has your organization done to increase program efficiency or to enhance outcomes in recent years? (200 words max.)
- * How will evaluation of project results be used for both the organization and for others doing similar work? What steps will you take along the way to ensure that key learnings are retained for future use and/or communicated to the community if appropriate? (200 words max.)
- * What are the long-term strategies for funding this project beyond the grant period? Is there an opportunity to leverage this grant for additional funding from other resources? (200 words max.)

Financials and Project Budget

Please provide financial information for your organization and this grant request.

Organization Financials
- * Annual operating budget:
- * Attach your organization's annual budget for the **current** fiscal year, including income and expenses.
- * Attach your organization's annual budget for the **previous** year, including income and expenses. Note: if your organization is new and does not have a budget from the last fiscal year, enter "N/A."
- * Net assets of organization (as reported on 990):
- * Does your organization conduct an audit?

Project Budget
- * Upload complete project budget (**see instructions below**)
- * Total project budget:

Use the budget template to detail your proposed project expenses (see sample in Appendix A). **Download and read the project budget instructions before completing a budget template**. Download instructions

1. Once you have read the instructions, download the **project budget template**. Download template
2. Complete the budget template as instructed.
3. Save the budget template as a PDF. **No other file types will be accepted**.
4. Review the PDF document, ensuring all cells and information can be read and understood.
5. Upload the completed PDF file to your application.

Note: Keep a copy of your proposed budget for your records. It is helpful if you need to resubmit or make changes throughout the grant program.

Grant Request Amount
- * Grant request amount:

Submittal Page

Review all sections before submitting your application, ensuring all information has been provided and necessary attachments have been included.

Certification

- * Do you certify that the executive director and board of directors have approved submittal of this grant request, all information provided is accurate to the best of your knowledge and the project and schedule as presented will be adhered to?
- * Signature of representative requesting grant

Appendix A

Project Budget Instructions

Applicants must use the provided budget template. No other formats will be accepted.

I. <u>Instructions</u>
1. Download the budget template provided.
2. Complete the budget template as instructed below.
3. Save the budget template as a PDF. No other file types will be accepted.
4. Upload the completed PDF file to your application. Ensure all cells can be read after saving as a PDF and that the file remains in portrait orientation.

Note: Keep the Excel version of this file for your records. It is helpful if you need to resubmit, make changes, or request reallocations throughout the grant program.

II. <u>Budget Template</u>
1. Add your organization's name (Row 2).

A. **Section One: Projected Income**
1. List requested and/or committed funding for this project, including in-kind support worth >10% of the total project budget (A6 – A13).
2. List the dollars amounts (B6 – B13).
3. Indicate whether dollars are requested or committed using the dropdown list (C6 – C13).
4. The total income will calculate automatically.
5. If income sources exceed space provided, list the largest first and then group the smaller sources.

B. **Section Two: Projected Expenses**
1. List the anticipated expenses for this project (A18 – A25).
2. Include the total amount for each item (B18 – B25).
3. Indicate how much of each item is being requested from this grant program (C18 – C25).
4. If the expenses exceed the number of rows provided, list the largest first and then group the smaller sources.
5. The total income (B15) should match the total expenses (B26).
6. If necessary, include any clarifying information about the project budget (Rows 30-32).

If you have questions, please contact the Grant Manager for this program.

Project Budget Template

SECTION ONE: PROJECTED INCOME		
Funding Sources	**Amount**	**Are Funds Requested or Committed?**
This Grant Program	$ -	Requested
	$ -	
	$ -	
	$ -	
	$ -	
	$ -	
	$ -	
	$ -	
Total Income	$ -	

SECTION TWO: PROJECTED EXPENSES		
Expense Item	**Amount**	**Amount from This Grant Program**
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
Total Expenses	$ -	$ -

Note: The total income must match the total expenses.

If necessary, please include any clarifying information about the project budget.

Note: The Foundation recognizes circumstances may change over the life of a grant. Therefore, anticipated deviations from any line item of this budget requires a request for reallocation of funds. Please submit reallocation requests in writing to the Foundation for approval prior to spending remaining funds.