



Sample Nonprofit Grant Application Questions

Foundation For The Carolinas administers 22 competitive grant programs, each with their own priorities and 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://fftccgrants.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 (including suite, unit, or department numbers):
- * 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) publicly supported charity?

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 church or religious organization, governmental agency, or accredited educational institution?
 - If Governmental Agency
 - * Attach proof of affiliation (written verification from state or local municipality of department/agency affiliation):
 - * Attach a staff or city/county board list:
 - If Church or Religious Institution
 - * Attach staff list or proof of affiliation:
 - If Accredited 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: (100 word max)
- * Organization core services: (100 word max.)
- * Estimate number of volunteers for your organization (specific to your local unit, if applicable).
- * Please describe the roles volunteers to fill within your organization. (100 word max.)

Board of Directors

- * How many individuals serve on your organization's Board of Directors?

- * **Board of Directors**

Please provide an overview of your organization's board of directors across race and ethnicity. If you prefer not to disclose this information for your organization, enter "100" in the "prefer not to disclose" field and enter "0" in the remaining fields.

- Prefer not to disclose
- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Two or more races or ethnicities
- Not listed in the above sections

- * **Board of Directors**

Please provide an overview of your organization's board of directors across gender. If you prefer not to disclose this information for your organization, enter "100" in the "prefer not to disclose" field, and enter "0" in the remaining fields.

- Prefer not to disclose
- Female
- Male
- Non-binary

- How does your organization build diverse representation within your board? Please explain. (150 word max)

- * **Leadership/Management Team**

- * How many individuals serve on your organization's leadership or management team?

- * **Leadership/Management Team**

Please provide an overview of your organization's leadership or management team across race and ethnicity. If you prefer not to disclose this information for your organization, enter "100" in the "Prefer not to disclose" field, and enter "0" in the remaining fields.

- Prefer not to disclose
- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Two or more races or ethnicities
- Not listed in the above sections

- *** Leadership/Management Team**

Please provide an overview of your organization's leadership or management team across genders. If you prefer not to disclose this information for your organization, enter "100" in the "prefer not to disclose" field and enter "0" in the remaining fields.

- Prefer not to disclose
- Female
- Male
- Non-binary

- *** Executive Director, CEO, or President**

If you prefer not to disclose this demographic information for your organization's Executive Director, CEO, or President, select the "prefer not to disclose" field for each question.

- *** What is the race or ethnicity of your current or acting Executive Director, CEO or President? This question allows for multiple selections.**
 - Prefer not to disclose
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Middle Eastern or North African
 - Native Hawaiian or Other Pacific Islander
 - White
 - Two or more races or ethnicities
 - Not listed in the above sections
- ***What is the gender of your current or acting Executive Director, CEO or President?**
 - Prefer not to disclose
 - Female
 - Male
 - Non-binary
- *** Staff race/ethnicity - Describe the composition of your organization's current staff.**
 - Prefer not to disclose
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Middle Eastern or North African
 - Native Hawaiian or Other Pacific Islander
 - White
 - Two or more races or ethnicities
 - Not listed in the above sections

- * **Staff gender** - Describe the composition of your organization's current staff.
 - Prefer not to disclose
 - 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.)*
- * Project start date:
- * Project end date:
- * Please select the primary investment area that your project will address. *From the dropdown, please choose the focus area of your project / program:*
 - *Animal Welfare*
 - *Arts and Culture*
 - *Education*
 - *Employment*
 - *Environment*
 - *Food Agriculture and Nutrition*
 - *Health Care*
 - *Housing and Shelter*
 - *Human Services*
 - *Mental Health and Crisis Intervention*
 - *Recreation and Sports*
 - *Youth Development*
- * Briefly describe your project: *(50 word max.)*
- * Grant request amount:

Target Population

- * Specify which neighborhood(s), city, or county will be served by the project?
- * What makes your organization unique and effective, as compared with other organizations working in your service area with similar populations? What is your organization doing to limit duplication or overlapping services? *(200 word max.)*
- * Please indicate the populations served by the project below. (Check all that apply.)
 - 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
 - Gender
 - Female

- Male
- Non-binary
- Not Gender Specific
- Race/Ethnicity:
 - Black or African American
 - White
 - Hispanic or Latino
 - Asian
 - American Indian or Alaska Native
 - Native Hawaiian or Pacific Islander
 - Middle Eastern or North African
 - Two or More Races/Ethnicities
 - Not listed in the above sections
 - Not Race/Ethnicity Specific
- Additional Populations
 - Members of LGBTQ+ community or allies
 - Immigrants
 - Veterans
 - Residents with disabilities
 - Other
 - N/A
- * If you would like to provide additional information concerning the intended audience/constituents of your project, please do so here:

Timeline and Expenses

- * Describe your project in detail, including proposed timeline, key milestones and dates, where applicable. *(250 word max)*
- Please use the budget template provided below to detail your **proposed project expenses**. The following are instructions to assist you with submitting your budget:
From the application, download and read the **Project Budget Instructions** before completing a budget template.
 1. Once you have read the instructions, download the **project budget template**. (See Project Budget Template at Appendix A)
 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
- Click the link below to review the project budget instructions. (See Budget Instructions at Appendix A)
- * Upload completed project budget.
- * Total project budget.
- * Detail your project expenses, specifically how grant funds will be used. *(200 word max.) (Note: Grants are one year in duration and grant funds cannot be used for expenses incurred prior to grant award decisions.)*

- * If you were to receive partial funding, how would this impact your ability to accomplish your goals?

Additional Project Details

- * Will participants pay to engage in the program?
 - * How much does your organization charge per participant and do you provide scholarships or financial aid? *(100 words max.)*
- * Do you need licensing, zoning or other regulatory approval to conduct the project?
 - * Please explain the requirement and your plans to meet the requirement:
- * Is your organization working in partnership with one or more organizations on this project?
 - * Please list all community partners and describe their role in the project. *(100 word max.)*
 - * Please attach letters from each partner confirming their commitment and participation in this project. *(Note: 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? What metrics will you use to evaluate whether your project is successful? *(300 word max.)*
- * How many participants will you serve?
- * What percentage of participants do you expect to achieve the results (enter a value up to 100% include the percentage sign in your response)?
- * Explain how you arrived at the numbers above *(50 word max.)*:
- * Who is leading this initiative and what are their qualifications? What factors in their leadership most predict success? *(100 word max.)*
- What have you achieved in the past three years that contributes to your organization's success? *(200 word max)*

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 submission of this grant request?
- * Do you certify that all information provided is accurate to the best of your knowledge and the project and schedule as presented will be adhered to?
- * Title of representative requesting grant:
- * Signature of representative requesting grant

Appendix A

Project Budget Instructions

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

I. **Instructions**

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. **Budget Template**

1. Add your organization's name (Row 2).

III. **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.

IV. **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 (B14) 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

Project Budget Template

Please type your organization's name in this cell

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 (B 14) must match the total expenses (B 26).

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.