



- 1. Go to the Carolina Foothills Foundation website <u>www.carolinaff.org</u>.
- 2. Click on "Grant Application" under the "Grants" menu option at the top.
- 3. On the "Grant Application" page, click on the button "Grant Application."

Carolina Foothills Foundation Home About Grants Beneficiaries Programs Grant Application	Carolina Foothills Foundation Home About Grants Beneficia Grant Application	rries Programs Give Contact
2	Carolina FOOTHILLS FOUNDATION GRANTS	
FOOTHILLS FOOTHILLS FOUNDATION community. compassion. service. LEARN MORE	Grant Application Opens March 1, 2023 Closes March 30, 2023 Grant Application Return to Application	





4. To start a new application, click on "New Applicant."







5. Fill in your email in the 2 required fields.

6. Create a password and re-enter it to confirm.

5

6

7. Click "Continue."







8. Go to your email account and click the "Confirm" button to confirm your account.





9. You will be automatically re-directed to the login screen, so login with your username and password.10. Click the "Login" button







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11. Enter your nonprofit organization's tax ID number.

12. Click Yes to show that your organization does serve Polk and/or Rutherford Counties.13. Click the "Submit" button.

11	Please enter your Tax ID:
	Powered by Simplify Not a Member of Simplify? Click here to learn more







The application will walk you through each of the tabbed sections:

- Organization and Contacts
- Request Information
- Monitoring and Evaluation
- Attachments
- Review My Application







Exit

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14. In this section, fill out your organization's contact information and details about your nonprofit operations.

	Organization and Contacts	Request Information	Monitoring and Evaluation	Attachments	Review My Application	
14	* Required before final submission	O	rganization and Conta	acts	Printer Friendly Versior	ו E-mail Draft
	Organization Information					
	My Test Nonprofit					
	Legal Name If different from above					
	* Tax ID / EIN Enter your organization's federal tax i without a dash.	identification number provided	by the IRS, if appropriate. If using a fi	scal sponsor, enter th	at organization's tax ID here. <i>En</i>	iter the number
	* Address					
	PO Box 123					
	* City Forest City	* St	xate * Postal (NC · 28043	Code		





15. Click "Next" to continue or "Save & Finish Later" to finish another time. To re-access your application, return to our website and click on the "Return to Application" button.

Organization and Contacts	Request Information	Monitoring and Evaluation	Attachments	Review My Application	
	0	rganization and Conta	acts	Drintor Friendly Version E mail D	
Required before final submission					
Organization Information				Carolina Foothills Foundation	Home About Grants Beneficiaries Programs Give Contact
* Organization Name					Grant Application
My Test Nonprofit					
Legal Name If different from above					Carolina FOOTHILLS GRANTS FOUNDATION GRANTS
Enter your organization's federal tax without a dash.	identification number provided I	by the IRS, if appropriate. If using a fi	scal sponsor, enter th	a	
88-3496015					Grant Application
* Address PO Box 123					Opens March 1, 2023 Closes March 30, 2023
					Grant Application
* City Forest City	* St	ate * Postal NC × 28043	Code	16	Return to Application
15		Save & Finish Later	Next		



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16. Fill in the sections under Request Information (sample answers shown below).

Organization and Contacts	Request Information	Monitoring and Evaluation	Attachments	Review My Application	
		Request Information	ı		
* Required before final submission				Printer Friendly Version	E-mail Draf
* Program/Project Title					
My Test Project					
* Project Start Date	* Project End Date				
08/01/2023	12/29/2023				
* Request Amount *	Project Budget				
10,000	10,000				
* Proposed # of people to h	be served				
100					
* Provide a brief description	a of the request				
Write description here	i of the request.				
 Description of Purpose Describe the need being addresse that would distinguish your organic 	ed and your organization's unique r ization from others providing simila	ole in meeting those needs, including a ar services in the communities you ser	anything ve.		
Write purpose here	providing birting				





16 CONT. Fill in the sections under Request Information (sample answers shown below).

*	Description of Request Activities
	Describe the request's activities providing detailed information about how it will address the stated need and the intended impact. Include the number of individuals served through this request and the number of bours participants will be involved.
	If the request is for program/project support, note whether this is a new or existing program. If it is an existing
	program, indicate now long it has been in operation.
	Share activity request here
	Word count 4 of 600
*	Sustainability Plan
	How will the organization and/or request activities be sustained? Describe the overall sustainability plan for your
	and/or your organization be affected if you do not receive the requested funding?
	Share sustainability plan here
	Share sustainability plan here

* Challenges

Describe the challenges to achieving success of the activities stated in the proposal and how these factors could be overcome.

Share challenges here

Word count 3 of 500



State the connection between your request and the priorities of the foundation.



Describe foundational fit here



16 CONT. Fill in the sections under Request Information (sample answers shown below). Click "Next" to continue.

Demographics for this Request	
* Geographical Area Served ☑ Rutherford County ☑ Polk County	
 * Gender of population served ☑ Females ☑ Males □ Non-Binary □ Transgender □ Other 	
* Age Groups served ○ 0-5 ≤ 6-12 ≤ 13-18 ○ 19-30 ○ 30-59 ○ 60+	
 * Ethnicity of population served □ African American □ African American □ Alaskan Native □ Asian American □ Caucasian □ Hispanic/Latino ☑ Multi Racial □ Native Hawaiian or other Pacific Islander □ Other 	Native American
 * Population Served □ Developmentally Disabled □ Disaster Victims □ Economically Challenged □ Physically Challenged □ Refugees □ Veterans 	imigrants 🗆 LGBTQIA
* Demographic Detail Description Provide a breakdown of the people served by this organization/program. You can also use this field to explain demographics further if above questions are not s	specific enough.
	J







17. Fill in the Monitoring and Evaluation detail. Click "Next" to continue.

Organization and Contacts	Request Information	Monitoring and Evaluation	Attachments	Review My Application				
Monitoring and Evaluation								
* Required before final submission	1			Printe	er Friendly Version E-mail Draft			
* Goals, Outcomes & Timel State the specific goals and exper including how you plan to meet th of the grant request. If this is an project/program/organization	ine ted outcomes/success indicato tese goals and outcomes. Inclu n existing program, state the 1.	rs of the requested project/program/organ de a timeline for accomplishing your goals e outcomes of the most recent year of	ization, for the term t he]				
* Measurement Tools Provide details of how your organ	ization defines and measures s	uccess for the organization.						
* Evaluation & Learning Describe if/how you have used ev and impact of your project/progra	valuation results (qualitative or am/organization.	quantitative) to make changes to improve	the performance		✓			
Word count 0 of 600								
* Grant Consideration I understand the completion and	submission of this application d	loes not guarantee favorable consideration	of this request.					
* Grant Application Accurace I certify that I completed this form	C Y n, and the information is comp	lete and accurate.	Save & Finish	Later Next	17			

18. Attach the requested documents including the board list, organization budget, and project budget.

For each section, click "Choose File" to look for the file on your computer.

Click "Upload" to load the file to your application account.

FOUNDATION
Organization and Contacts Request Information Monitoring and Evaluation Attachments Review My Application
Attachments
Required before final submission Printer Friendly Version E-mail Draft
Board List Provide name, affiliation, address, years on the board, and any additional information. Choose File No file chosen Upload
 Organization Budget Include an organizational budget with revenue and expenses for the year for which you are requesting funding. Provide a current and proposed grant year budget (if different), and budget projections for each year for which multi-year support is requested. If you are using a fiscal sponsor, that organization's budget should be used for this section. Choose File No file chosen Upload
 Project Budget If the requested funds are to be used for anything other than the general operating expenses of the organization, include a detailed, line-item total project budget for the year funds are requested, including revenue and expenses. If this is an existing project, submit a project budget for the year prior to the requested budget. Multiple year requests must include corresponding years' budget projections. Choose File No file chosen





18 CONT. Continue uploading the requested documents to each section.

* Other Funding Sources

Provide a list of foundation, corporate, and/or government support secured for the year funds are requested and the prior year. Please state the source, dollar amount, grant time period, and whether the contributions are pending or have been received. All columns should state a total amount. If operating support is requested, provide this information for the organization; if project support is requested, also note when funds are designated for the project requested. If multi-year support is requested, provide information on any multi-year pledges.



Audited Financial Statements

Please provide a copy of your organization's (or fiscal sponsor's) most recent financial statements. (audited, reviewed, or compiled by an independent auditor, whichever is required for your agency) If your organization's budget size does not require an independent audit, please provide us with unaudited financial statements and the organization's most recent Form 990. Choose File No file chosen



* IRS Determination Letter

Provide a copy of the IRS tax exemption determination letter confirming 501(c)(3) status.

Choose File No file chosen

Upload

19. Click "Review & Submit" to continue to the next screen or "Save & Finish Later" to come back to the application at a later time.





Exit

Files correctly uploaded will look like this:

Organization and Contacts	Request Information	Monitoring and Evaluation	Attachments	Review My Application					
Attachments									
* Required before final submission	ı			Printer Friendly Version E-mail Draft					
* Board List Provide name, affiliation, address	, years on the board, and any a	additional information.							
Remove TEST DOCUME	NT.docx	1/30/2023	12 KB						
 Organization Budget Include an organizational budget for each year for which multi-yea Remove TEST DOCUME 	with revenue and expenses for r support is requested. If you a NT VER 1.docx	the year for which you are requesting re using a fiscal sponsor, that organiza 1/30/2023	funding. Provide a cur tion's budget should bu 12 KB	rrent and proposed grant year budget (if different), and budget projections e used for this section.					
 Project Budget If the requested funds are to be a including revenue and expenses. projections. Remove <u>TEST DOCUME</u> 	used for anything other than th If this is an existing project, su NT VER 2.docx	e general operating expenses of the org ibmit a project budget for the year prio 1/30/2023	ganization, include a d r to the requested bud 12 KB	letailed, line-item total project budget for the year funds are requested, dget. Multiple year requests must include corresponding years' budget					





20. The application software will show you all your responses to review. Once you are satisfied with your entries, click "Submit" to submit your grant application.

Organization and Contacts Request Information	on Monitoring and Eva	aluation Attachments Review My Ap	oplica	tion			
You can review the information you've provid click Submit to forward your application for c	led so far and make nec onsideration. If you're r	essary modifications here. If you're satisf not ready to submit your application yet, o	fied w	vith the contents of the application, Save & Finish Later.			
	Organiza	ation and Contacts					
* Required before final submission			Pr ,	Other Funding Sources Provide a list of foundation, corporate, and/or gove the contributions are pending or have been receive	mment support secured f	or the year funds are reques e a total amount. If operatin	ted and the prior year. Please state the source, dollar amount, grant time period, and whether
Organization Information				requested, also note when funds are designated for	the project requested. If	multi-year support is reque	sted, provide information on any multi-year pledges.
Organization Name				Remove TEST DOCUMENT VER 3.dc	<u>cx</u>	1/30/2023	12 КВ
My lest Nonprofit							
Legal Name If different from above				Audited Financial Statements			
 Tax ID / EIN Enter your organization's federal tax identification number p 	provided by the IRS, if appropria	ite. If using a fiscal sponsor, enter that organization's t	tax	Please provide a copy of your organization's (or fiss your organization's budget size does not require an Remove TEST DOCLIMENT VEP, 4 do	al sponsor's) most recent independent audit, pleas	financial statements. (audit e provide us with unaudited	ed, reviewed, or compiled by an independent auditor, whichever is required for your agency) If financial statements and the organization's most recent Form 990.
88-3496015						1/30/2023	
* Address							
PO Box 123				IRS Determination Letter Provide a copy of the IRS tax exemption determina	ion letter confirming 501	(c)(3) status.	
* City	* State	* Postal Code		Remove TEST DOCUMENT VER 5 do	CX.	1/30/2023	12 KB
Forest City	NC ~	28043				1, 50, 2025	







21. Once you click "Submit," the system will give you a confirmation screen saying: "Thank You! Your application has been submitted."





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24. You will also receive a confirmation email to the account you used to apply for the grant and it will include a copy of your grant application.

Your Application Submission



Carolina Foothills Foundation <mail@grantapplication.com> To: Michelle Yelton

Thank you for your submission. Your application has been submitted successfully, and the tracking number is 20011. You will be receiving more information on the status of your application shortly. For your records, here is a copy of the contents of your application.

Standard Grant Application

Thank You! Your application has been submitted.

Organization and Contacts

Organization Information
Organization Name
My Test Nonprofit
Legal Name
If different from above





Thank you! Q&A

