

# NHCE QA Testing

Test Community Application

ID: R-202502-01649

Amount Requested: \$4,500.00

Status: Draft

## Request Status

Draft

Submitted

Review

Active

Closed

**Note to Applicants:** The portal does not autosave; therefore, you must click the [Save] button to ensure your data will not be lost.

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# COMMUNITY GRANTS APPLICATION

## OVERVIEW

The Endowment is accepting applications for Community Grants. These grants will support programs, services, projects, and initiatives that address key community needs in alignment with The Endowment's strategic plan.

## APPLICATION PERIOD

This application is available to be submitted to The Endowment **no later than 5:00 PM on Friday, April 4, 2025.**

## ELIGIBILITY CRITERIA

1. Be organized as:

- a tax-exempt organization (nonprofit, public charity, or university),
- a public agency, including state, county, and local governments, or
- a nonprofit group that is not a tax-exempt organization applying via a fiscal sponsorship from a tax-exempt 501(c)(3) organization.

2. Demonstrate alignment with the Endowment's strategic plan (*please see the Grantee Resources tab for more information*) and one or more of the Endowment's strategic pillars:

- Social and Health Equity,

- Education,
- Community Safety, and
- Community Development

3. Provide required documentation in the Attachments Section of the application.
4. Provide a verified Internal Revenue Service (IRS) Form 990 for the most recent fiscal year. This may be a 990-N, 990-EZ, or 990.
5. Have a mailing address in New Hanover County and serve or benefit residents of New Hanover County and region.

## GRANT AMOUNTS AND TERMS

Grant awards will not exceed \$5,000 for a Community Grant application. All grant term end dates will be December 31, 2025, with final reports due by January 1, 2026.

## QUESTIONS






Please see the Grantee Resources tab for FAQs and other resources available for grantees.

# SECTION I. ORGANIZATION AND CONTACTS

## SECTION INSTRUCTIONS

This section seeks to capture your organization's legal name and address and the main contacts at your organization that will be contacted during different parts of the grant cycle process, if applicable.

**Please note that the associated contacts will not populate in the contact fields until the organization name is entered.**

Organization	<input type="text" value="NHCE QA Testing"/>	
Location	<input type="text" value="NHCE QA Testing - headquarters"/>	▼
Primary Contact 	<input type="text" value="EO Grantee Test"/>	▼ <a href="#">Add New</a>
Primary Signatory 	<input type="text" value="NHCE Test"/>	▼ <a href="#">Add New</a>
Budget / Finance Contact 	<input type="text" value="NHCE Test2"/>	▼ <a href="#">Add New</a>
Reporting Contact 	<input type="text" value="EO Test Grantee"/>	▼ <a href="#">Add New</a>
Organization cc Contact 	<input type="text" value="NHCE Test"/>	▼ <a href="#">Add New</a>

## SECTION II. FISCAL SPONSOR ORGANIZATION AND CONTACTS

### SECTION INSTRUCTIONS

This section is only applicable for organizations applying with a fiscal sponsor. If you select 'Yes' to the following question, additional questions will populate to capture all relevant information for the fiscal sponsor you are working with. Please remember to upload and submit all requested documentation in this section.

1. Are you submitting this application in partnership with a fiscal sponsor? \*

- Yes  
 No

## SECTION III. APPLICATION QUESTIONS

### SECTION INSTRUCTIONS

This section is where you will answer all questions for this application. Please contact our Network Associate if you have any questions about how to respond by clicking the button below.

Contact Network Associate

1. What amount of funding are you requesting?

4500

\* Awards are capped at \$5,000.

2. Which pillar(s) does this request most closely align with?\*

Community Development

3. About Your Organization \*

Brief description of your mission statement, what you do, how you do it, and to what end.

Characters left for field: 3000

4. Project Title \*

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### 5. Project Summary \*

*What it will do, when it will take place, your goals and the impact you intend to create within your organization, how this project will help you to advance your mission, and how it aligns with the Endowment's priority area.*

Characters left for field: 3000

### BUDGET INSTRUCTIONS

The Grantee Budget component allows you to account for the money you are requesting from The Endowment. Please click the button below for instructions on how to complete the Grantee Budget component for your application.

[Project Budget Instructions](#)

### 6. Project Budget \*

No 6. Project Budget \* have been added

## SECTION IV. ATTACHMENTS

### DOCUMENT UPLOADING INSTRUCTIONS

In this section, you will be asked to upload a variety of documents to support your application. Please only upload the requested documents in the appropriate areas. There is a place for you to upload any additional documents you may want to include at the bottom of this section.

Follow these steps to successfully upload a document:

1. Click on the green plus sign in each of the required boxes below.
2. Drag the appropriate file into the popup OR click on the 'Add files' button in the bottom left corner of the popup.
3. You will see the file name populate the box along with a status of 0%.
4. Select the appropriate file type for the file you are submitting by clicking on the dropdown to the right of the file name.
  - If the available document types are not applicable to the document you are uploading, please select 'Other Document' and then provide a document type name in the field labeled 'Custom Text (Required)'.
5. Once the appropriate file type is selected, click 'Start Upload' in the bottom left corner of the popup box.
6. The status of the file(s) will go from 0% - 100% when successfully uploaded.
7. Once the status is at 100%, you can click the 'X' in the top right corner of the popup and you will see the file(s) on the form in the box in which they were uploaded.

**IMPORTANT:** Sometimes the system experiences issues where files are not able to be uploaded at the time you try to upload them. If this happens, check the file name as certain special characters are prohibited. If the file(s) do not contain the prohibited characters, try repeating the steps above. If the document still will not upload, please contact our Grants Manager by clicking the button below.

[Contact Grants Manager](#)

1. Please upload a list of your board members with affiliations.

1. Upload Board List Here\*

2. Please upload your organization's fiscal year operating budget (income and expenses) for the current year (any format will be accepted); budget should document how many full time employees (FTE), if any, are included in any salary / benefits expenses.

2. Upload Organizational Fiscal Year Operating Budget Here\*

3. Please upload your organization's audited financial statements from the most recent fiscal year showing actual income and expenses. This information should include a balance sheet, a statement of activities (or statement of income and expenses), and functional expenses.

3. Upload Financial Audit Here\*

4. Please upload your organization's Form 990 for the most recent fiscal year.

4. Upload 990 Here\*

5. If not already uploaded in the box below, please upload your organization's 501(c)(3) Determination Letter from the IRS (or equivalent if your organization is a local government or church).

5. Upload IRS 501(C)(3) Determination Letter Here\*



**Fluxx Grantee Portal Logging In.mp4**

Other Document | Additional Supporting Application Doc  
Added by EO Grantee Test 2002 at 10:01 AM on August 31, 2023



**New Hanover Community Endowment Grant Agreement Template -- Fluxx.pdf**

Annual Report  
Added by EO Grantee Test 2002 at 1:10 PM on August 29, 2023

(Optional) The box below is available for you to upload any additional documents you would like to include to support your application. Nothing is required to be uploaded in this box.

Upload Optional Other Documents Here