

Before You Apply

You will need:

1. Your or your fiscal sponsor's Federal Employer Identification Number (EIN)
2. Your or your fiscal sponsor's DUNS number ([what's this?](#))
3. SWV (Statewide Vendor) registration with the State of Washington ([what's this?](#))
4. A copy of your organization's operating budget for the most recent completed fiscal year end showing income between \$50,000 and \$350,000, and your expenses actuals. We want your last completed year of full operations affected by pandemic or not. *Find a sample budget in the library.*
5. You or your fiscal sponsor's most recently filed Form 990.
6. You or your fiscal sponsor's IRS determination letter.

Complete list of questions in application

TAB 1: ORGANIZATION NAME AND REQUEST AMOUNT

1. Enter your Organization Name
 - a. **Fiscally Sponsored Applicants:** Enter your Organization Name as: Fiscal Sponsor Name/Your Organization Name. (Example: Shunpike/Washington Dance Group)
2. Amount Requested
 - a. Note: You must request \$1,500, \$3,000, or \$5,000.
3. Applicant Information
 - a. First Name, Last Name, Telephone, Email
4. Organization Information
 - a. Organization Name
 - b. Address
 - c. Telephone
 - d. Fax (optional)
 - e. Website (optional)
 - f. Federal Tax ID (EIN)
 - g. [DUNS Number](#)
5. Organization Director
 - a. First Name, Last Name, Title, & Email

TAB 2: ABOUT YOUR ORGANIZATION

1. Are you a nonprofit organization with current state and federal nonprofit incorporation status or are you applying with a fiscal sponsor?
 - a. If you are applying with a fiscal sponsor, complete the fiscal sponsor information in the next tab.
2. Is your annual operating budget between \$50,000 and \$350,000?

- a. *To be eligible to apply, nonprofit arts and cultural organizations must have an annual operating budget over \$50,000 and under \$350,001. This is your normal pre-pandemic operating budget.*
3. Are you a Local Arts Agency?
 - a. *Local Arts Agencies that are officially designated by local governments but have independent budgets (are not a line item in the designating government's budget) and have independent oversight (independent board, advisory committee, etc.) may apply.*
4. Has your organization been providing arts programs or services for one or more years?
 - a. *Programs and services must be, and have been, accessible by the public.*
5. In which Washington State County is your group or organization based?
6. In which ArtsWA Region is your group or organization based?
 - a. *ArtsWA has developed regions to help us distribute funds equitably. Select the region where your organization is physically based:*
 - i. Northwest Region (Includes: Island, King, Kitsap, San Juan, Skagit, Snohomish, Whatcom counties)
 - ii. Central Region (Includes: Chelan, Douglas, Ferry, Grant, Kittitas, Klickitat, Okanogan, Yakima counties)
 - iii. Eastern Region (Includes: Adams, Asotin, Benton, Columbia, Franklin, Garfield, Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman counties)
 - iv. Southwest Region (Includes: Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Pierce, Skamania, Thurston, Wahkiakum counties)
7. Legislative District - please enter the 1- or 2-digit number of your organization's legislative district.
 - a. [Find your district number here.](#)
8. Congressional District - please enter the 1- or 2-digit number of your organization's legislative district.
 - a. [Find your district number here.](#)
9. Conflict of interest and Transparency
 - a. *List individuals involved with the implementation or oversight of your proposal that have an affiliation with ArtsWA. If none, list "None."*
10. What is your organization's SWV (Statewide Vendor) number?
 - a. *If you have applied for and waiting to receive an SWV number, enter "Applied."*
 - b. [Apply for an SWV number here!](#)

TAB 3: FUNDING, PLANNING, STRATEGY, COMMUNITY

1. Grant Contact – First Name, Last Name, Title, Email, and Phone Number
 - a. *Provide contact information for the person that will manage your contract should your application be successful: (Example: Jaime Garcia, Director, jaime@organization.com, 509-666-6666).*

2. Mission Statement
 - a. *Provide your organization's published mission statement. (Max characters 1000)*
3. Describe how the pandemic has impacted your organization's operations and services. (Make sure your response is succinct.)
 - a. *It is highly important that you be clear in your narrative. Remember, things hard to describe are probably hard to read and understand. The scoring panel will have LOTS of applications to review. Make it easy for them to understand your situation.*
 - b. *Max characters 2000*
4. Describe your strategy for using grant funds to move you forward.
 - a. *How will funds be used to get you to "the next place" during the pandemic. Descriptive planning, objectives, and a timeline are helpful to review panelists however there is no specific or required outcome during this stage of funding.*
 - b. *Max characters 2000*
5. Describe the communities your organization serves.
 - a. *Having a broad base of supporters is good strategy. Describe your philosophy/strategy/plan to include under-served and underrepresented populations in your services. Be specific about who you reach and how.*
 - b. *Max characters 2000*

FISCAL SPONSOR INFORMATION

If you are not fiscally sponsored, please enter N/A for all questions below

6. Fiscal Sponsor - Organization Name and Physical Address
 - a. *Provide the name and address (not mailing address) of the nonprofit organization that will be serving as your fiscal sponsor.*
7. Fiscal Sponsor - Authorizing Official - First Name, Last Name, Title, Email, Phone Number
 - a. *Name of and information of person authorized to grant fiscal sponsorship.*
 - b. *(Example: Fred Elliott, Executive Director, fred@organization.com, 509-555-5555)*
8. Fiscal Sponsor - Contract Manager - First Name, Last Name, Title, Email, and Phone Number
 - a. *Should a grant be issued, provide the name and contact information of the person at the fiscal sponsor's organization that is responsible for managing this contract.*
 - b. *(Example: Omar Sharif, Executive Director, omar@organization.com, 509-555-5555)*
9. Fiscal Sponsor - Federal Employer Identification Number (EIN)
 - a. *Format: 00-0000000*
10. Fiscal Sponsor - Washington State Unified Business Identifier (UBI)
 - a. *Format: 000000000*
11. Fiscal Sponsor - Dun & Bradstreet Number (DUNS) number
 - a. *Format: 000000000*
12. Fiscal Sponsor - Mission Statement
 - a. *Provide your fiscal sponsor's organizational mission statement.*

TAB 4: PROGRAMS AND SERVICES

List *all* the services you are providing or were providing before the pandemic. There is a 25-character limit on all answers except Short Description and Counties where service is provided.

- a. Program name
- b. Short description
- c. Frequency (annual, monthly, etc.)
- d. Estimated attendance
- e. Number of years providing this service.
- f. Status of Program: tell us if the program *Continues* as before the pandemic, was *Modified* (went online, adjusted to meet safety guidelines, etc.), was *Suspended* due to the pandemic, or if the program is permanently *Eliminated* due to the pandemic.

Example:

- a. *Grant writing Workshop,*
- b. *Provide best practices in grant writing,*
- c. *four times a year,*
- d. *Community Hall,*
- e. *60 estimated attendees per workshop,*
- f. *10 years,*
- g. *Modified,*
- h. *Klickitat*

TAB 5: UPLOAD ADDITIONAL MATERIALS

In addition to completing the online application form, you will need to upload support materials to your application. [View this video](#) for complete instructions on uploading files (NOTE: the video refers to "Document" tab which is our "Upload Additional Materials" tab; ALSO: the video refers to "linking a file" WE ONLY ACCEPT DOCUMENT UPLOADS. DO NOT USE THE 'LINK TO A FILE' FEATURE!).

1. REQUIRED: Copy of your organization's operating budget for the most recent completed fiscal year end showing income and expenses actuals. We want your last completed year of full operations affected by pandemic or not. If you are using a fiscal sponsor, note that we want YOUR operating budget and not your fiscal sponsor's.
2. REQUIRED: Your OR your fiscal sponsor's most recently filed Form 990.
3. REQUIRED: Your OR your fiscal sponsor's IRS determination letter.

What will the application look like?

The application is broken up into five (5) tabs:

TAB 1: ORGANIZATION NAME AND REQUEST AMOUNT

TAB 2: ABOUT YOUR ORGANIZATION

TAB 3: FUNDING, PLANNING, STRATEGY, COMMUNITY

TAB 4: PROGRAMS AND SERVICES

TAB 5: UPLOAD YOUR DOCUMENTS

TAB 1: ORGANIZATION NAME AND REQUEST AMOUNT:

FY22 Pandemic Relief Grants for Mid-sized Organizations

Application Status: Not Submitted

\$ 0.00 requested

[Archive this Application](#)

Organization Name and Request Amount

(answers are saved automatically when you move to another field)

Instructions [Show/Hide](#)

Welcome to your application for **Pandemic Relief Grants for Mid-sized Organizations**. Read the complete guidelines available in the "Library" tab of this application before proceeding.

On this page, tell us the **amount of your grant request**. You must request \$1,500, \$3,000 or \$5,000.

Next complete **Applicant and Organization Information**. Information may pre-populate depending on your history using the ZoomGrants system. Update information as needed. Updates are global across the ZoomGrants system. You must enter your Federal Employer Identification Number (EIN) and your DUNS number. Both are required. Your DUNS number is nine digits listed in this format: 000000000 (no dashes). [Getting a DUNS number](#)

Applying through a Fiscal Sponsor:

- **Enter your Organization Name** as: Fiscal Sponsor Name/Your Organization Name. (Example: *Shunpike/Washington Dance Group*)
- **Organization name as it appears in your ZoomGrants profile:** This is just YOUR organization name (not fiscal sponsor) and should self-populate from your ZoomGrants profile. Address and phone are for YOUR organization. Do not change unless you need to make an update. List YOUR website.
- Use your fiscal sponsor's EIN and DUNS (not your own).

Collaborators are people, other than you, that you would like to extend editing privileges to and/or you would like cc'd on emails about this application (*emails produced through ZoomGrants system only*). Note that this is separate from identifying a specific contact for this grant. You will be asked for this on the next tab.

TIPS

Text: If you are cutting and pasting from a Word document, hidden formatting can add to the character count. If you are encountering word count problems, try typing directly into the text box instead of copy/paste.

Navigation and Saving: When you are ready to move to the next tab, you can use the "next" button at the bottom of the screen. You can also click directly on the tabs above to navigate between them in any order. This system will save your work as you go as long as you click outside the field where you are entering information. Watch for the flashing green "Saving" message.

Important: When you want to update/refresh a page, use the **Refresh Page** button in the upper right-hand area of the ZoomGrants page. Do not use your browser reload/refresh button.

ZoomGrants works best in Safari, Firefox, and Chrome. Internet Explorer is not recommended.

Enter your Organization Name. (Fiscally Sponsored Applicants follow instructions in Summary Instructions above)

Amount Requested
You must request \$1,500, \$3,000, or \$5,000

\$

Applicant Information

First Name	<input type="text"/>
Last Name	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>

Organization Information

(changes to this data will be reflected on all other applications for this organization)

Organization Name as it appears in your Zoom Grants profile	<input type="text"/>
Address 1	<input type="text"/>
Address 2	
City	
State/Province	
ZIP+4/Postal Code	
Country	<input type="text"/>
	<input type="button" value="Add Address"/>
Telephone	<input type="text"/>
Fax (optional)	<input type="text"/>
Website (optional)	<input type="text"/>
Federal Tax ID (EIN) (XX-XXXXXXX)	<input type="text"/>
DUNS Number	<input type="text" value="XXXXXXXX"/>

Organization Director

First Name	<input type="text"/>
Last Name	<input type="text"/>
Title	<input type="text"/>
Email	<input type="text"/>

Collaborators

Collaborators can only edit application data (answers). They cannot submit, archive, or delete this application.

Email Address	First Name	Last Name	Title	Editing Access	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="button" value="Invite"/>
<input type="checkbox"/> Add to Additional Contacts (below)					

Additional Contacts for this Application

Additional Contacts will be copied on all emails sent to the application owner regarding this application. Enter ONLY email addresses separated by a comma. No names. No titles. No phone numbers.

End of TAB 1: ORGANIZATION NAME AND REQUEST AMOUNT

TAB 2: ABOUT YOUR ORGANIZATION

FY22 Pandemic Relief Grants for Mid-sized Organizations

Application Status: Not Submitted

[Archive this Application](#)

\$ 0.00 requested

About Your Organization

(answers are saved automatically when you move to another field)

Instructions [Show/Hide](#)

ALL QUESTIONS IN THIS TAB MUST BE ANSWERED!

CHECK FOR UNANSWERED QUESTIONS BEFORE PROCEEDING.

Additional notes for Question 4 - County: if you list more than one county, we will use the first county listed.

What is an SWV number? Why is it necessary?

Washington Statewide Vendor (SWV) number allows the state of Washington to pay you—whether you are a business or individual contractor or grant recipient. To help you receive your funds quickly (should you get a grant) apply for an SWV number ahead of time. [More information on getting your SWV number.](#) If you have received payment from the State in the past – you likely already have a SWV number. You can check on the status of your SWV number by using the [vendor number lookup](#) or contacting: PayeeRegistration@ofm.wa.gov.

An SWV number is not required to apply but is to receive funds should you get an grant.

Important: When you want to update/refresh a page, use the **Refresh Page** button in the upper right-hand area of the ZoomGrants page. Do not use your browser reload/refresh button. **If you add new data, you may have to refresh to see your updates.**

1. Are you a nonprofit organization with current state and federal nonprofit incorporation status or are you applying with a fiscal sponsor?

If you are applying with a fiscal sponsor, complete the fiscal sponsor information in the next tab.

- We are a nonprofit
 We are applying with a fiscal sponsor

2. Is your annual operating budget between \$50,000 and \$350,000?

To be eligible to apply, nonprofit arts and cultural organizations must have an annual operating budget over \$50,000 and under \$350,001. This is your normal pre-pandemic operating budget.

- Yes
 No

3. Are you a Local Arts Agency?

LAAAs that are officially designated by local governments but have independent budgets (are not a line item in the designating government's budget) and have independent oversight (independent board, advisory committee, etc.) may apply.

- Yes, we are an LAA with an independent budget and oversight.
 No, we are not an LAA.

4. Has your organization been providing arts programs or services for one or more years?

Programs and services must be, and have been, accessible by the public.

- Yes
 No

5. In which WASHINGTON STATE COUNTY is your group or organization based?

Respond with your physical location. We understand that programs may be delivered in other counties, but we want to know where you are based. If you enter more than one county we will use the first one you list.

Maximum characters: 255. You have characters left.

6. In which ArtsWA REGION is your group or organization based?

ArtsWA has developed regions to help us distribute funds equitably. Select the region where your organization is physically based.

- Northwest Region (Includes: Island, King, Kitsap, San Juan, Skagit, Snohomish, Whatcom counties)
 Central Region (Includes: Chelan, Douglas, Ferry, Grant, Kittitas, Klickitat, Okanogan, Yakima counties)
 Eastern Region (Includes: Adams, Asotin, Benton, Columbia, Franklin, Garfield, Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman counties)
 Southwest Region (Includes: Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Pierce, Skamania, Thurston, Wahkiakum counties)



7. Legislative District - please enter the 1- or 2-digit number of your organization's legislative district. Find your district number here: <http://app.leg.wa.gov/DistrictFinder>
When looking up your district info, use your organization's physical address, and note the "District Type" option above the map. Here you can toggle between "Legislative" and Congressional. Your response will not be more than two characters.*

Maximum characters: 2. You have characters left.

8. Congressional District - please enter the 1- or 2-digit number of your organization's legislative district. Find your district number here: <http://app.leg.wa.gov/DistrictFinder>
When looking up your district info, use your organization's physical address, and note the "District Type" option above the map. Here you can toggle between "Legislative" and Congressional. Your response will not be more than two characters.*

Maximum characters: 2. You have characters left.

9. Conflict of Interest and Transparency - List individuals involved with the implementation or oversight of your proposal that have an affiliation with ArtsWA. If none, list "None."
Project managers, leadership, board, artistic collaborators. Arts Commission: staff, commissioners, consultants, contractors, current grant panelists, or their immediate family members. Affiliations do not preclude applications from consideration.

Maximum characters: 500. You have characters left.

10. What is your organization's or your fiscal sponsor's SWV number?

See information in the instructions for this page. If you have applied for and waiting to receive an SWV, enter "Applied" so we know it's in progress. SWV format: 0000000-00. Your SWV should not be longer than nine digits.

Maximum characters: 10. You have characters left.

[Submit About Your Organization](#)

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End of TAB 2: ABOUT YOUR ORGANIZATION

TAB 3: FUNDING, PLANNING, STRATEGY, COMMUNITY

FY22 Pandemic Relief Grants for Mid-sized Organizations

[SHOW DESCRIPTION](#)
[SHOW REQUIREMENTS](#)
[SHOW RESTRICTIONS](#)
[SHOW LIBRARY](#)

Application Status: Not Submitted

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\$ 0.00 requested

[Organization Name and Request Amount](#)
[About Your Organization](#)
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[Activity Log](#)

Funding, Planning, Strategy, Community

(answers are saved automatically when you move to another field)

Instructions [Show/Hide](#)

In this section you will:

- Tell us who will be responsible for managing your contract should you receive a grant.
- Provide your published mission statement. This is your public-facing mission statement – that is, what you list on your website and printed materials.
- Tell us how the pandemic has affected your group or organization's finances and programming.
- Tell us how you plan to use these grant dollars to move you forward. Be clear how grant funds will be used get to get you to "a next place."
- Tell us how you reach under-served and under-represented populations (see definitions below). Responses should describe inclusive practices in the areas of your organization or group's daily operations, participant demographics, and how your organization's work is reflective of Washington's diverse populations including cultural diversity, artistic disciplines, geographic locations, and underserved populations. Include any efforts to increase community access to the services your organization provides.
- Complete the fiscal sponsor section if you are using a fiscal sponsor. If you are not using a fiscal sponsor, enter N/A in all those boxes. This section must be completed by all.

Definitions:

"Underserved" means populations whose opportunities to experience the arts are limited by geography, historical exclusion and marginalization due to race, ethnicity, sexual orientation, gender identity, economics, disability, or other social or institutionally imposed barriers. For this program we include veterans and active service members and their families; youth; people with low incomes; populations representative of cultures experiencing the most significant social inequities.

"Underrepresented" means any group or member(s) of a group that is not commonly represented as audience, artist, lead, presenter, contracted professional, or other type of participant in the work you do.

Participation of underserved populations in your narrative can include: leads, presenters, participants, and audiences. Include people of color, LGBTQ+ people, people who live in rural areas, people with disabilities, people who identify as immigrants or refugees, people whose first (or only) language is not English, and people most impacted by social/economic inequities.

1. Grant Contact - First Name, Last Name, Title, Email, and Phone Number

Provide contact information for the person that will manage your contract should your application be successful: (Example: Jaime Garcia, Director, jaime@organization.com, 509-666-6666)

Maximum characters: 255. You have characters left.

2. Mission Statement

Provide your organization's published mission statement.

Maximum characters: 1000. You have characters left.

3. Describe how the pandemic has impacted your organization's operations and services (make sure your response is succinct).

It is important to be clear in your narrative. Remember, things hard to describe may be hard to read and understand. The scoring panel will have LOTS of applications to review. Make it easy for them to understand your situation. 2000 character limit.

Maximum characters: 2000. You have characters left.



4. Describe your strategy for using grant funds to move you forward.

How will funds be used to get you to "the next place" during the pandemic. Descriptive planning, objectives, and timeline are helpful to panelists however there is no specific or required outcome during this stage of funding. 2000 character limit.

Maximum characters: 2000. You have characters left.

5. Describe the communities your organization serves.

Serving a broad base of constituents is good strategy. Describe your philosophy/strategy/plan to include under-served and underrepresented populations in your services. Be specific about who you reach and how. *Find definitions in instruction*

Maximum characters: 2000. You have characters left.

Fiscal Sponsor Information

If you are not fiscally sponsored, please enter N/A for all questions below

6. Fiscal Sponsor - Organization Name and Physical Address

Provide the name and address (not mailing address) of the nonprofit organization that will be serving as your fiscal sponsor.

Maximum characters: 255. You have characters left.

7. Fiscal Sponsor - Authorizing Official - First Name, Last Name, Title, Email, Phone Number

Name of and information of person authorized to grant fiscal sponsorship. (Example: Fred Elliott, Executive Director, fred@organization.com, 509-555-5555)

Maximum characters: 255. You have characters left.

8. Fiscal Sponsor - Contract Manager - First Name, Last Name, Title, Email, and Phone Number

Should a grant be issued, provide the name and contact information of the person at the fiscal sponsor's organization that is responsible for managing this contract. (Example: Omar Sharif, Executive Director, omar@organization.com, 509-555-5555)

Maximum characters: 255. You have characters left.

9. Fiscal Sponsor - Federal Employer Identification Number (EIN)

Format: 00-0000000

Maximum characters: 255. You have characters left.

10. Fiscal Sponsor - Washington State Unified Business Identifier (UBI)

Format: 000000000

Maximum characters: 255. You have characters left.

11. Fiscal Sponsor - Dun & Bradstreet Number (DUNS) number

Format: 000000000

Maximum characters: 255. You have 255 characters left.

12. Fiscal Sponsor - Mission Statement

Provide your fiscal sponsor's organizational mission statement.

Maximum characters: 255. You have 255 characters left.

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End of TAB 3: FUNDING, PLANNING, STRATEGY, COMMUNITY

TAB 4: PROGRAMS AND SERVICES

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[SHOW REQUIREMENTS](#)
[SHOW RESTRICTIONS](#)
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Application Status: Not Submitted

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Programs and Services

(answers are saved automatically when you move to another field)

Instructions [Show/Hide](#)

In the table below:

Programs and Services: List all the services you are providing or were providing before the pandemic. Under "**Status of Program**" tell us if the program **Continues** as before the pandemic, was **Modified** (went online or combination online/in-person, adjusted to meet safety guidelines, etc.), was **Suspended** due to the pandemic, or if the program is permanently **Eliminated** due to the pandemic.

You will not be scored on quantity of entries. We are looking to assess what is provided and what has been or could be lost.

Disregard "Total" at the bottom of the columns.

Important: When you want to update/refresh a page, use the Refresh Page button in the upper right-hand area of the ZoomGrants page. Do not use your browser reload/refresh button. **If you have added new data, you may have to refresh the page to see your updates.**

Programs and Services

List all the services you are providing or were providing before the pandemic.

Program name, short description, frequency (annual, monthly, etc.), estimated attendance, and number of years providing this service. Under "Status of Program" tell us if the program Continues as before the pandemic, was Modified (went online, adjusted to meet safety guidelines, etc.), was Suspended due to the pandemic, or if the program is permanently Eliminated due to the pandemic. (There is a 25-character limit on all answers except Short Description and Counties where service is provided.)

Example: Grant writing Workshop, Provide best practices in grant writing, four times a year, Community Hall, 60 estimated attendees per workshop, 10 years, Modified, Klickitat

Title of Program or Service	Short Description	Frequency (annual, monthly, etc.)	Annual Attendance (Estimates are acceptable)	Number of years providing this service	Status of Program? (Continues, Modified, Suspended, Eliminated)	County(ies) where service is provided
Total						

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End of TAB 4: PROGRAMS AND SERVICES

TAB 5: UPLOAD ADDITIONAL MATERIALS

FY22 Pandemic Relief Grants for Mid-sized Organizations

SHOW DESCRIPTION
SHOW REQUIREMENTS
SHOW RESTRICTIONS
SHOW LIBRARY

Application Status: Not Submitted

Submit Now
Print/Preview

\$ 0.00 requested
[Archive this Application](#)

Organization Name and Request Amount
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Upload Additional Materials

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In addition to completing the online application form, you will need to upload support materials to your application. [View this video](#) for complete instructions on uploading files (**NOTE: the video refers to "Document" tab which is our "Upload Additional Materials" tab; ALSO: the video refers to "linking a file" WE ONLY ACCEPT DOCUMENT UPLOADS. DO NOT USE THE 'LINK TO A FILE' FEATURE!**). PDFs are preferred.

REQUIRED: Copy of your organization's operating budget for the most recent completed fiscal year end showing income between \$50,000 and \$350,000, and your expenses actuals. We want your last completed year of full operations affected by pandemic or not. *If you are using a fiscal sponsor, note that we want **YOUR** operating budget and **not** your fiscal sponsor's. If you have not created an operating budget before, we have put a simple template in the "Library" tab for you.*

REQUIRED: Your OR your fiscal sponsor's most recently filed Form 990.

REQUIRED: Your OR your fiscal sponsor's IRS determination letter.

Important: When you want to update/refresh a page, use the **Refresh Page** button in the upper right-hand area of the ZoomGrants page. Do not use your browser reload/refresh button. **If you have added new data, you must refresh the page to see your updates.**

Documents Requested *	Required?	Uploaded Documents *
REQUIRED: Copy of your organization's last completed-year operating budget.	Required	-none-
REQUIRED: Your or your fiscal sponsor's most recently filed Form 990.	Required	-none-
REQUIRED: Your or your fiscal sponsor's IRS determination letter.	Required	-none-

* ZoomGrants™ is not responsible for the content of uploaded documents.

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End of Application