

## NHCE QA Testing

2023.09 Strategic Grant

ID: R-202309-00604  
Program Lead:

Amount Requested:

### Request Status

Draft

With Applicant

Review

Active

Closed

### A Note from the Foundation:

#### Status

Draft

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#### ▼ Organization Information

**Organization Name:** NHCE QA Testing

**Primary Contact Name:**

**Primary Signatory:**

#### ▼ Mission and Goals of Your Organization

1. What is the mission of your organization?\*
2. What are the organizational values that guide your work and choices?\*
3. What are your organization's goals?\*
4. In which of NHCE's pillars does your proposed work align? If more than one, please indicate.\*  
Community Development, Community Safety, Education, Social and Health Equity
- a. How does the proposed work align with the above selected pillar(s)?\*
5. Explain how your organization is strategically suited to do the proposed work.\*

**6. Which of the 2023-2024 Grantmaking Opportunities is your organization applying for?\***

Affordable Housing -- Community Development

▼ Anticipated Benefits from Your Work

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1. What evidence supports the need for your proposed work and why is it needed now? Please be specific.\*

2. Who and/or what will benefit if this proposal is successful?\*

a. If the beneficiaries are community members, have they been consulted in the preparation of this proposal?\*

Yes

b. If yes, please share how they were engaged.\*

▼ Success Indicators

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1. How does your proposal bring a new, unique, or innovative approach to the work it's addressing?\*

2. What will success from the work in this proposal look like?\*

3. How does your organization plan to monitor and, if necessary, make the appropriate changes to the proposed workplan? Please be specific.\*

▼ 4. What are the potential barriers to the success of your proposed work? Please be specific:

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a. Organizational barriers?\*

b. External / Environmental?\*

c. Will your organization desire capacity building support to address any barriers that might prevent the success of the proposed work?\*

Yes

d. If yes, please share your anticipated capacity building support need.\*

▼ Sustainability of the Proposed Work

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1. How does this work become sustainable?\*

a. Do you envision needing continued partnership with NHCE?\*

Yes

b. If so, please explain the anticipated need.\*

2. What other organizations within the community have a similar or aligned mission?\*

a. Does your organization intend to partner with any of these organizations?\*

b. Why or why not?\*

c. What other partnerships or collaborations are necessary for success?\*

d. If partnerships are necessary, identify the roles each partner will play to support success.

▼ Timeline & Budget

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1. What is the timeline for your proposed work?\*

a. Are you confident this timeline is realistic? Please explain.\*

2. What amount of funding are you requesting? Grants may not exceed 50% of the organization's operating budget. (Please round to the nearest whole number and enter requested amount without commas.)\*

\$0.00

a. Please provide an itemized list of anticipated expenses and the budgeted amount. (Please round to the nearest whole number and enter budgeted amounts without commas. You may enter 0 or leave row blank if you do not project spending in an expense category.)

Compensation: Salary, wages, fringe, payroll taxes, etc.\* \$0.00

Office Expenses: Supplies, telephones, printing, shipping, etc.\* \$0.00

Occupancy: Mortgage/rent; property insurance; utilities etc.\* \$0.00

Advertising and Marketing: Print and electronic media, signage, etc.\* \$0.00

Travel: Mileage, lodging, etc.\* \$0.00

Meetings and Events: Facility rental; catering; etc.\* \$0.00

Fees for services: Legal, accounting, or contractor.\* \$0.00

Capital Expenditures: property; vehicles; equipment; computers; etc.\* \$0.00

Other 1 (specify category):

Other 1 (specify amount): \$0.00

Other 2 (specify category):

Other 2 (specify amount): \$0.00

a. What is the rationale for the proposed budget?\*

b. Are there other funders of this proposal?\*

Are you submitting an application in partnership with a fiscal sponsor?\*

Yes

Fiscal Org info

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**Fiscal Org Name\***

**Fiscal Org Address\***

**Fiscal Org City\***

**Fiscal Org Postal Code\***

**Fiscal Org Email\***

**Fiscal Org Phone\***

**Please enter your organization's  
Employer Identification Number.\***

DOCUMENTS FROM ORG



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

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

UPLOAD HERE

**Please upload your organization's audited financial statements from the most recent fiscal year. If your organization does not have audited financials, then upload operating budgets for the two most recent fiscal years.\***

UPLOAD HERE

**Please upload a list of your board members.\***

UPLOAD HERE

▼ Grant Terms Information

**Start Date:**

**End Date:**

▼ Documents

REQUEST DOCUMENTS