# 2023 Nonprofit Shared Back-Office Support: Accounting

*Ausherman Family Foundation*

## Nonprofit Back-Office Support Grant Application

### Name of Grant Request*

*Character Limit: 250*

### Fiscal Year Start*

*Character Limit: 250*

### Fiscal Year End*

*Character Limit: 250*

### Total Expenses*

*Character Limit: 20*

### Years in Existence*

How many years has your organization been in existence?

*Character Limit: 3*

### Audited Financials*

Does your organization have its financial statements audited annually by an outside accounting firm?

**Choices**
- Yes
- No

### Grants Administered per Year*

How many grants is your organization administering per year?

**Choices**
- 0-5
- 6-10
- 11-15
- 16-20
- 20+

### Accounting System*

Please select the accounting system your organization utilizes.

**Choices**
QuickBooks (Desktop)
QuickBooks Online
Bill.com
SAGE
Excel Spreadsheet
Other
None

**Third-party Processors**
Do you have any other third-party processors you deal with?

**Choices**
PayPal
Square
Venmo
Other

**Credit Cards**
Do you process credit cards?

**Choices**
Yes
No

**Payroll**
Do you have payroll, internally or externally?

**Choices**
Yes
No

**Payroll Service Provider**
If you selected yes above, and you utilize a third-party payroll service provider, please choose from the following options.

**Choices**
Paylocity
Paychex
Gusto
SHS Payroll
Other

**Accounting Manager**
Who currently manages your accounting? Are they internal or external to your organization?

*Character Limit: 250*
**Point Person**
Who would be your organization's point person to work with LSWG?

*The person identified would be required, at a minimum, to meet monthly with LSWG and have authority to approve monthly reports and approve payments and disbursements.*

*Character Limit: 250*

**Board Treasurer**
Could your board treasurer also serve as a point person?

**Choices**
Yes
No

**Organizational Benefit**
Please provide a brief exploration of how this opportunity would benefit your organization.

*Character Limit: 3500*

**Time Frame**
If approved, ideally, when would your organization be ready to start?

*Character Limit: 3500*

**Name of Applicant**

*Character Limit: 250*

**Email Address**
Email address of applicant

*Character Limit: 254*

**Authorization**
I certify that I am authorized to submit grant applications on behalf of this organization.

**Choices**
No
Yes