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