

Community Assistance Grant Program

2023-2024

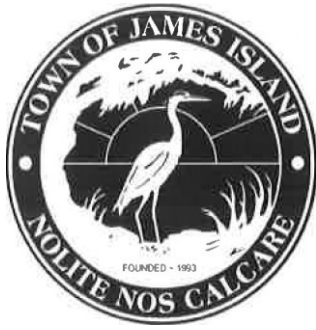
APPLICATION GUIDELINES

Community Assistance Grants are awarded to non-profit organizations that provide beneficial services for the James Island community as a whole. In recent years, the Town has added additional funding more specific to non-profit organizations for the purpose of promoting and bringing tourism to our hospitality industry. The two categories of Community Assistance Grants are as follows:

- Community Services Grants: Non-profit organizations that provide services to the community generally cover the areas of education, health and human needs, community development, the environment or public safety. The Town has budgeted \$35,000 this fiscal year for this category of grant applications.
- Promotional Grants: The Town is also accepting applications for community organizations that assists James Island by bringing and promoting tourism to our hospitality industry. The Town has budgeted, \$10,000 this fiscal year for this category

Applications must be received by Friday, October 6, 2023. Applicants are invited to attend the Thursday, October 19 Town Council meeting at 7:00 p.m. and present their requests to Council if they would like to do so. Awards will be announced at the same meeting unless the number and amount of qualifying applications exceeds the budgeted amount for the fiscal year; in that case, the awards will be announced at the following Town Council meeting on November 16, 2023 at 7:00 p.m.

For Questions contact: Frances Simmons, Town Clerk, (843) 795-4141 or fsimmons@jamesislandsc.us



FY 2023/2024

Town of James Island

Community Assistance Grant Application

***Applications due by Friday, October 6 @ 5:00 p.m.**

Return applications to: Town of James Island

Re: Community Assistance Grant Program

P.O. Box 12240 James Island, SC 29412 (Hand-Deliver to 1122 Dills Bluff Road, JI); or email to fsimmons@jamesislandsc.us

Amount requested: \$

*Typical awards are in the \$500 - \$2,000 range. Be mindful of limited funds when making your request.

ORGANIZATION INFORMATION

Name of Organization:	
Contact Name and Title:	
Mailing Address:	
Street Address (if different)	
Phone Number:	
Fax Number:	
Email Address:	
How long has your organization been in existence?	

Please check the best description of your organization:

- ☐ Tax Exempt charitable organization (501 (c) 3 ☐ Government unit
☐ Other Tax-exempt (specify status) ☐ Federal ☐ State ☐ Local

- ☐ Church/Religious organization
☐ Other (specify) _____

- ☐ Unincorporated association

Please attach a copy of your organization's IRS tax status determination letter (not applicable to government agencies or religious congregations). A tax-exempt identification number is not sufficient.

Federal Employer Identification Number:	
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FOCUS AREA: (check one)

- | | |
|--|--|
| <input type="checkbox"/> Arts | <input type="checkbox"/> Community Development |
| <input type="checkbox"/> Education | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Health and Wellness | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> Human Needs | <input type="checkbox"/> Youth Development |
| | <input type="checkbox"/> Local Tourism/Promotion |

PROGRAM SERVICES (check one)

- | | | | |
|---|-----------------------------------|--------------------------------|--|
| <input type="checkbox"/> Children | <input type="checkbox"/> Families | <input type="checkbox"/> Youth | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Senior Citizens | | | |
| <input type="checkbox"/> Visitors to James Island | | | |
| <input type="checkbox"/> Other (Specify) _____ | | | |

Geographic area served:	
Percentage of service provided to the Citizens of the Town of James Island	
Percentage of services provided to visitors to the Town of James Island	

Applicant overall operating budget: \$ _____ Fiscal Year _____ to _____
M/D/YY M/D/YY

Please list the history of funding to your agency from the Town of James Island:

<u>Fiscal Year</u>	<u>Amount</u>
Prior to 2020	\$ _____
2020/2021	\$ _____
2021/2022	\$ _____

GIVE A STATEMENT ABOUT YOUR ORGANIZATION AND YOUR SPECIFIC NEED FOR FUNDING: (additional pages may be attached to this application):

I hereby certify that all funds that may be received by applicant organization from the Town of James Island will be solely used for the purposes set forth in this application and will comply with all laws and statutes.

Signature of Chief Executive Officer or Executive Director

Date

Name and Title (please print)

Signature of Chief Financial Officer or Board Chairperson

Date

Name and Title (please print)

Make sure your application includes the following:

- Your IRS Letter (if applicable)
- List of officers, staff, and board members
- Completed application with all required signatures