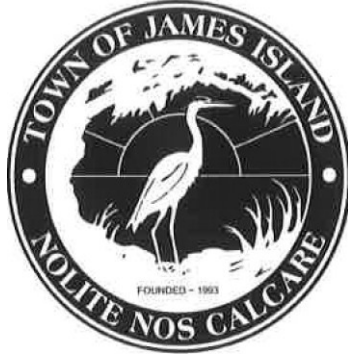




Community Assistance Grant Program

2026-2027

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 \$45,000 this fiscal year for this category of grant applications.

Applications must be received by Friday, October 30, 2026. Applicants are invited to attend the Thursday, November 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 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 December 17, 2026, at 7:00 p.m.

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



FY 2026/2027

Town of James Island

Community Assistance Grant Application

***Applications due by Friday, October 30, 2026 @ 5:00 p.m.**

Completed applications may be mailed, emailed, or hand-delivered to Town Hall

Mail applications to: Town of James Island
Re: Community Assistance Grant Program
P.O. Box 12240
James Island, SC 29412

Hand-Deliver to: Town Hall, 1122 Dills Bluff Road; or

Email to fsimmons@jamesislandsc.us

Amount requested: \$ _____

*Typical awards are in the \$500 - \$2,000 range (not to exceed \$5,000). 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 ☐ Unincorporated association ☐ Other (specify) _____

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)

- | | |
|--|--|
| ☐ Arts | ☐ Community Development |
| ☐ Education | ☐ Environment |
| ☐ Health and Wellness | ☐ Public Safety |
| ☐ Human Needs | ☐ Youth Development |
| | ☐ Local Tourism/Promotion |

PROGRAM SERVICES (check one)

- | | | | |
|---|-----------------------------------|--------------------------------|--|
| ☐ Children | ☐ Families | ☐ Youth | ☐ Senior Citizens |
| ☐ Visitors to James Island | | | |
| ☐ Other (Specify) _____ | | | |

Geographic area served:	Town of James Island	
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>
2023-2024	\$ _____
2024-2025	\$ _____
2025-2026	\$ _____

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
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Name and Title (please print)

Signature of Chief Financial Officer or Board Chairperson	Date
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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