



## BELFAIR 1811 CHARITABLE FUND GRANT APPLICATION FORM

### Applying Organization Information

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website Address: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

Project Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Board of Director's Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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### Project Information

Project Title: \_\_\_\_\_

Total Project Budget: \_\_\_\_\_

Amount Requested from BCF: \_\_\_\_\_

Project Timing (start to completion): \_\_\_\_\_

Amount Requested from other Sources for this Project: \_\_\_\_\_

What Other Sources have you Contacted: \_\_\_\_\_

What is the Status of those Requests: \_\_\_\_\_

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**Project Narrative:**

Please describe your project in detail using no more than two printed pages.

Please address the following issues in your Project Narrative.

- How does your project complement and support the mission of the Belfair 1811 Charitable Fund, which is to embrace the pride, passion and commitment of Belfair members to impact the lives of those people in need in the greater Bluffton South Carolina area?
- What do you plan to do and how does this advance your group's mission
- Why is the need important and why should your group address it?
- How do you plan to implement your project?
  - What is your timetable; what steps have to be taken and by whom
  - How many people will be served by the project?
  - Do you have any cooperating or partnering agencies or organizations?
  - What staff, volunteer and consultant time will be devoted to it?
- How do you intend to maintain and continue the project?
  - Do you have other current funding sources, if so, which ones?
  - Do you have future funding sources identified, if so, which ones?
- How will you know if your project is successful?
  - What criteria will you use to judge its effectiveness?
  - What methods and schedule will be used for measuring success?
  - Who will assess the project results?
- How you will provide interim progress reports and a report at its conclusion
- Have you ever failed to perform under the terms of a grant? If so, please explain/describe.

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**Budget Narrative and Spreadsheet:**

Please provide a narrative describing your project budget, including all cost elements, the expected timing of expenditures and the expected completion date.

Please provide a Project Budget Summary or Spreadsheet that includes the following information:

- List each major component of the project and associated costs of each (for line items in excess of \$250)
- Itemize the BCF grant request by assigning grant dollars to each component
  
- Estimate the number of people in the great Bluffton area who will benefit from the project or individual components
- If the BCF grant does not cover the total project cost, indicate the source, amounts and status of supplemental funding

**Your spreadsheet should be in this approximate format:**

<u>Budget Item</u>	<u>Total Cost per Item</u>	<u>\$ of BCF Grant</u>		<u>\$ Extra Sources</u>	<u>Status Extra \$</u>

**Financial and Other Information:**

Please provide the information request below. Later in the grant review process we may request copies of budgets, financial statements, tax exemption letters, tax returns and other information.

- What is the Organization's fiscal year end? \_\_\_\_\_
- Is your Organization a 501c3 or similar entity? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Have you received a Tax Exemption letter from the IRS? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Have you filed a completed Form 990 or similar form with the IRS for your most recently completed fiscal year? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Have you filed and received your annual registration with the State of South Carolina pursuant with Section 33-56-30 of the State of SC Code of Laws? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Do you utilize the services of an independent certified public accountant? \_\_\_\_ Yes \_\_\_\_ No  
 If answer is yes, what is the name of your accountant \_\_\_\_\_  
 What type of service do they provide (full scope audit, limited review, or compilation)  
 \_\_\_\_\_  
 If full scope audit did you receive an unqualified accountants report? \_\_\_\_ Yes \_\_\_\_ No
- As of the end of your most recently completed fiscal year end what were the following:  
 Total Assets \_\_\_\_\_  
 Total Liabilities \_\_\_\_\_  
 Net Assets \_\_\_\_\_  
 Total Revenue \_\_\_\_\_  
 Program Related Expenses \_\_\_\_\_  
 General and Administrative Expenses \_\_\_\_\_  
 Fund Raising Expenses \_\_\_\_\_

**Applicant Signatures:**

\_\_\_\_\_  
**Organization Leader (Print Name)**

\_\_\_\_\_  
**Board Chair or Officer (Print Name)**

\_\_\_\_\_  
**Organization Leader (Signature & Date)**

\_\_\_\_\_  
**Board Chair or Officer (Signature & Date)**