

APPLICATION GUIDELINES

Community Assistance

Community Assistance Grants are paid with funds from the City's American Rescue Plan allocation. The City will partner with nonprofit organizations in North Charleston to aid local COVID recovery efforts by expanding existing programs or creating new ones. More specifically, funding is typically limited to programs providing services enjoyed by City residents and where the services provided are such that, but for the efforts of the non-profit, the City might otherwise have provided similar services directly. The **MAXIMUM** a charity can request is \$100,000. These funds are **NOT** renewable. This is a one year grant.

Applications must be received by:

October 1, 2021 at 2 pm

Late applications or postmarks will not be accepted

Questions should be directed to:

Shannon Praete, Grants Administrator

(843) 740-2588

spraete@northcharleston.org

INSTRUCTIONS

All applications must be received by: October 1, 2021 at 2 pm.

Applications received after this will not be considered for funding.

Applications can be hand delivered, mailed or emailed. If mailing, the application and all attachments should be sent to:

City of North Charleston
Shannon Praete
Post Office Box 190016
North Charleston, SC 29419-9016

OR

spraete@northcharleston.org

Complete all questions using 11pt font or larger. **Use only the space provided on the application form.**

Section II Financial Information must be completed on the form. **An attached financial statement or budget will not be accepted.**

Applicants must be registered with the SC Secretary of State's Division of Public Charities. Nonprofit organizations need to include a copy of their confirmation letter of registration with their grant application. For additional information see South Carolina's Secretary of State's Official Web site <http://www.scsos.com/> or call 803-734-1790. *All charities must have had their 501C3 designation for at least one year. A copy of your IRS determination letter with the date on it will be used to verify this.*

Before submitting your application, please check to ensure that you have included the following:

- Copy of your organization's IRS Determination Letter,
- List of your organization's officers, staff and board members,
- Completed application with all required signatures.
- Copy of your confirmation letter of registration from the SC Secretary of State's Division of Public Charities
- Copy of your organization's past 2 years 990 Forms.
- Copy of your organization's current budget and prior year's.
- Copy of your organization's most recent audit and/or letter of review from auditor or CPA.

No other attachments will be accepted.

This application is available on the City's website at www.northcharleston.org
You may also request a digital copy by emailing spraete@northcharleston.org .

City of North Charleston Community Grants 2021

Applications must be received by: October 1, 2021 at 2 pm

Late Applications will not be considered for funding.

Return applications to: *City of North Charleston
Attn: Shannon Praete
2500 City Hall Lane
P.O. Box 190016
North Charleston, SC 29419-9016*

Amount you are requesting:	\$
----------------------------	----

SECTION I: ORGANIZATION INFORMATION

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

NOTE: Attach a list of your organization's governance body: Board of Directors, Chief Officers and Executive Director.

Tax Status (check one)

- | | |
|---|---|
| <input type="checkbox"/> Tax-exempt charitable organization (501(c)(3))
<input type="checkbox"/> Other Tax-exempt (specify status)
<input type="checkbox"/> Church/Religious organization
<input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Governmental unit
<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local
<input type="checkbox"/> 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.

FOCUS AREA: (check one)

- Arts
- Education
- Health and Wellness
- Human Needs
- Community Development
- Environment
- Public Safety
- Youth Development

PROGRAM SERVICES (check one)

- Children
- Families
- Youth
- Senior Citizens
- Other (Specify) _____

Geographic area served:	
--------------------------------	--

Percentage of service delivered to the <u>citizens of the City of North Charleston</u>	%
---	---

SECTION II FINANCIAL INFORMATION

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

Please list the history of funding to your agency from Government / Corporate entities:

<u>Year</u>	<u>Amount</u>
2018	\$
2019	\$
2020	\$

Please list the history of funding to your agency from Foundations:

<u>Year</u>	<u>Amount</u>
2018	\$
2019	\$
2020	\$

GIVE A BRIEF STATEMENT OF NEED FOR CITY FUNDS AND HOW THE NEGATIVE ECONOMIC IMPACT OF COVID-19 AFFECTED YOUR ORGANIZATION.

This section is limited to 2900 characters including spaces, which is approximately 400 words.

PLEASE DISCUSS HOW COVID 19 HAS AFFECTED THOSE THAT YOU SERVE. PLEASE TALK SPECIFICALLY ABOUT THOSE THAT ARE ECONOMICALLY DISADVANTAGED, SCHOOL AGED CHILDREN OR THE ELDERLY.

This section is limited to 2900 characters including spaces, which is approximately 400 words.

PLEASE COMPLETE THE FOLLOWING BUDGET BREAKDOWN SECTIONS ON THESE PAGES (NO ATTACHMENTS.) You may get these figures from your most recently submitted IRS Form 990, or you may simply use your overall operating budget.

1. CONTRIBUTIONS, GIFTS, GRANTS & OTHER SIMILAR AMOUNTS

SOURCE	FY 2018	FY 2019	FY 2020
Government Grants			
Municipal	\$	\$	\$
County	\$	\$	\$
State	\$	\$	\$
Federal	\$	\$	\$
Foundation Grants	\$	\$	\$
Contributions/Federated Campaigns	\$	\$	\$
Membership dues	\$	\$	\$
Fundraising events	\$	\$	\$
TOTAL CONTRIBUTED INCOME	\$	\$	\$

2. PROGRAM SERVICE REVENUE

SOURCE	FY 2018	FY 2019	FY 2020
Fees / Sold Services			
Services	\$	\$	\$
Tuition / Fees	\$	\$	\$
Workshops, Seminars, Lectures, etc.	\$	\$	\$
Other (specify)	\$	\$	\$
Other (specify)	\$	\$	\$
TOTAL PROGRAM SERVICES REVENUE	\$	\$	\$

3. OTHER REVENUE

SOURCE	FY 2018	FY 2019	FY 2020
Publications (Newsletters, etc.)	\$	\$	\$
Concessions and/or Merchandise	\$	\$	\$
Advertising	\$	\$	\$
Space Rental Fees	\$	\$	\$
Other (specify)	\$	\$	\$
Other (specify)	\$	\$	\$
TOTAL EARNED INCOME	\$	\$	\$

TOTAL COMBINED INCOME (1+2+3)	\$	\$	\$
--------------------------------------	----	----	----

4. EXPENSES

	FY 2018	FY 2019	FY 2020
Program Services	\$	\$	\$
Fundraising	\$	\$	\$
Administration, Management, General	\$	\$	\$
Other (Specify)	\$	\$	\$
TOTAL EXPENSES	\$	\$	\$

If your organization receives "in-kind" support, please list below:

SOURCE	TYPE OF IN-KIND SUPPORT

List funds already committed for the project for FY 2021 and the sources of these funds.

SOURCE	AMOUNT
	\$
	\$
	\$
	\$
TOTAL	\$

Who in your organization is responsible for fundraising?

- Staff
 Board of Directors
 Consultants
 Members/Volunteers

5. Will your organization's 2021 budget be significantly different than 2020 and prior years?

- Yes** (if yes, explain in the box below)
 No

This box is limited to 880 characters including spaces, which is approximately 125 words

6. FUNDING REQUEST FOR BUDGET YEAR 2021

Please provide breakdown by categories:

CATEGORY	PROGRAM SERVICES FY 2021	ADMINISTRATIVE/ GENERAL FY 2021
Supplies	\$	\$
Equipment (specify)	\$	\$
Travel/Training	\$	\$
Personnel	\$	\$
Marketing / Promotions	\$	\$
Other (specify)	\$	\$
TOTAL REQUESTED	\$	\$

SECTION III: ORGANIZATIONAL PROFILE AND PROJECT DESCRIPTION

1. Briefly state the history and purpose of your organization.

This box is limited to 1400 characters including spaces, which is approximately 200 words.

2. Describe in detail the proposed project or activities for which funds are requested and the timetable for implementation.

This box is limited to 1400 characters including spaces, which is approximately 200 words.

3. Describe the critical community need this project addresses, how this need was identified (include statistical data if available) and how your project meets this need.

This box is limited to 1400 characters including spaces, which is approximately 200 words.

4. State your organization's ability to undertake this program/project (i.e., staff qualifications, prior experience, etc.)

This box is limited to 1400 characters including spaces, which is approximately 200 words.

5. Discuss the relationship of this program/project to other programs in the community designed to meet the same or similar needs. Describe collaborative partnerships that may result.

This box is limited to 1400 characters including spaces, which is approximately 200 words.

6. Is this a one-time project? If not, what is your plan for continuing the program in the future, including funding sources?

This box is limited to 1400 characters including spaces, which is approximately 200 words.

7. Describe how the program will be evaluated. Include methods of measuring impact, indicators of change both qualitative and quantitative, and the data collection methods.

This box is limited to 1400 characters including spaces, which is approximately 200 words.

8. Discuss how your program centers around equitable results for our community? The pandemic exposed many inequities in the delivery of health and other human services in our country. Therefore, the City is looking to apply these lessons and listen to marginalized communities for solutions that overcome past and current barriers blocking access for people of color, low-income individuals and families, people living with disabilities, and individuals who identify as LGBTQ+.

This box is limited to 1400 characters including spaces, which is approximately 200 words.

I hereby certify that the applicant organization complies with all Americans with Disabilities Act requirements, and does not discriminate on the basis of race, color, age, sex, religion, sexual orientation, physical disability, or national origin, and that all funds that may be received by applicant organization from the City of North Charleston will be solely used for the purposes set forth in this application and will comply with all laws and statutes. In particular, organizations receiving Community Assistance Funding will comply with state regulations requiring organizations to be registered with the South Carolina Secretary of State's Division of Public Charities.

I hereby certify that all statements and information reported herein is true and correct, will be relied upon by the City in determining whether to award funding, and certify that any material false statement herein may subject me to prosecution for Obtaining Signature or Property by False Pretenses (See S.C. Code Ann. 16-13-240). I further confirm that the City of North Charleston shall have the right to audit expenditures of grant funds and separately have a right to audit any records necessary to establish the accuracy of information reported herein.

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:

- Copy of your organization's IRS Determination Letter (if applicable),
- List of your organization's officers, staff and board members,
- Completed application with all required signatures.
- Copy of your confirmation letter of registration from the SC Secretary of State's Division of Public Charities
- Copy of your organization's past 2 years 990 Forms.
- Copy of your organization's current budget and prior year's.
- Copy of your organization's most recent audit and/or letter of review from auditor or CPA.