



Community Assistance Grant Program

APPLICATION GUIDELINES

Community Assistance Grants are paid from the Town of James Island's General Fund and are awarded to non-profit organizations that provide beneficial services for the James Island community as a whole. These services generally cover the areas of education, health and human needs, community development, the environment or public safety.

Applications must be received by Monday, October 1, 2018

Applicants are invited to attend the October 18th Town Council meeting at 7:00 p.m. and present their requests to Council, Awards will be announced at the November 15th Town Council meeting.

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



FY 2018/2019

Town of James Island

Community Assistance Grant Application

Applications due by Monday, October 1st @ 5:00 p.m.

Return applications to: The Town of James Island

Re: Community Assistance Grant Program
P.O. Box 12240 James Island, SC 29412 or
email to: fsimmons@jamesislandsc.us

Amount you are requesting: \$

*Typical awards are in the \$500 - \$2,000 range

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

PROGRAM SERVICES (check one)

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

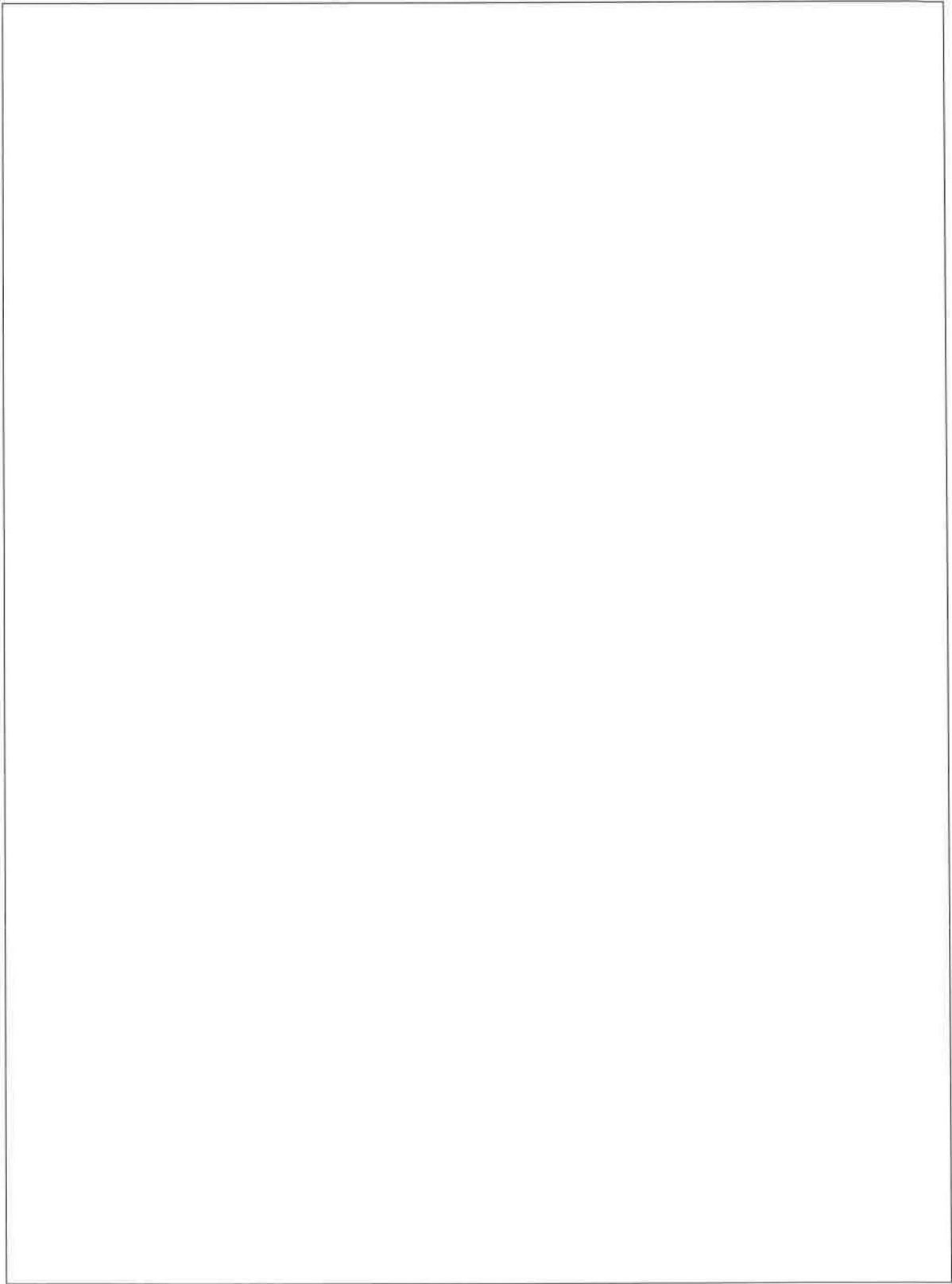
Geographic area served:	
Percentage of service delivered to the Citizens of the Town of James Island	

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>
2016/2017	\$
2017/2018	\$

GIVE A STATEMENT ABOUT YOUR ORGANIZATION AND YOUR SPECIFIC NEED FOR FUNDING:



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), a list of officers, staff and board members, and completed application with all required signatures.