

# Community Assistance Grant Program

### 2024-2025

## **APPLICATION GUIDELINES**

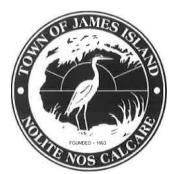
Community Assistance Grants are awarded to non-profit organizations that provide beneficial services for the James Island community as a whole. In recent years, the Town has added additional funding more specific to non-profit organizations for the purpose of promoting and bringing tourism to our hospitality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

- <u>Community Services Grants</u>: 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.
- <u>Promotional Grants</u>: 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 Monday, October 7, 2024. Applicants are invited to attend the Thursday, October 17 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 November 21, 2024 at 7:00 p.m.

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

FY 2024/2025



# Town of James Island

Community Assistance Grant Application

### \*Applications due by Monday, October 7 @ 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 <u>fsimmons@jamesislandsc.us</u>

### 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 be	en 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). <u>A tax-exempt identification number is not sufficient.</u>

Federal Employer Identification Number:	
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 DFamilies Vouth Visitors to James Island Other (Specify)	Senior Citizens
Geographic area served:	

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:

Fiscal Year

Amount

Prior to 2020 2020/2021 2021/2022 2022/2023

\$		
\$		
\$		
\$		

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 <u>with all required signatures</u>