**Community Investment**

**FY 2021 Application for Charleston County Funding**

**Applications must be received No Later Than 5:00 PM – Wednesday, April 1, 2020**

**Return applications to:** **Questions should be directed to:**

*Charleston County Budget Department Audrey Parker*

*4045 Bridge View Drive, Suite A-221* *AParker@charlestoncounty.org*

###### Charleston, SC 29405-7464

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**Amount you are requesting: (not to exceed $10,000)**

**SECTION I:** **ORGANIZATION INFORMATION**

**Please note that Community Investment funds are limited to 501(c)3 organizations.**

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| --- | --- |
| Name of Organization: |       |
| Contact Name and Title: |  |
| Mailing Address: |       |
| Phone Number: |       |
| Fax Number: |  |
| Email Address: |       |
| Website: |  |
| Federal Employer Identification Number: |       |

Briefly state the history and mission of your organization.

**Administrative Purposes Only**

**Date Received: IRS determination letter: Yes** 􀀀 **No** 􀀀

**IRS Form 990 (or Financial Statement if not required to file IRS Form 990): Yes** 􀀀 **No** 􀀀

**Audit: Yes** 􀀀 **No** 􀀀

**SECTION II: GENERAL FINANCIAL INFORMATION**

1. **REVENUE**

|  |  |  |
| --- | --- | --- |
|  | **FY 2019****(Form 990)** | **FY 2020****( Current Budget)** |
| **Contributions and Grants: Gov’t grants** |  |  |
| **Contributions and Grants: Other** |  |  |
| **Program Service Revenue** |  |  |
| **Investment Income** |  |  |
| **Other** |  |  |
| **TOTAL** |  |  |

1. **EXPENSES**

|  |  |  |
| --- | --- | --- |
|  | **FY 2019****(Form 990)** | **FY 2020****(Current Budget)** |
| **Grants Paid** |  |  |
| **Benefits Paid for Members** |  |  |
| **Salaries and Fringe Benefits** |  |  |
| **Fundraising** |  |  |
| **Other** |  |  |
| **TOTAL** |  |  |

**SECTION III:** **FUNDING REQUEST FOR BUDGET YEAR FY 2021**

**1. Describe your request**.

**2. Detail of request.**

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| --- | --- |
| **DESCRIPTION** | **AMOUNT** |
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| **TOTAL REQUEST** |  |

**The following attachments MUST be submitted with your application; otherwise, your application will NOT be processed.**

1. The Internal Revenue Service (IRS) tax status determination letter.
2. Copy of Internal Revenue Service *(IRS) Form 990* for the most recently completed year. (A financial statement must be substituted if an organization chooses not to file an *IRS Form 990* because their revenues are less than the threshold to file an *IRS Form 990*).
3. Copy of *Annual Audit* from the most recent completed year performed by a Certified Public Accountant (CPA), if revenues are $1,000,000 or more on the *IRS Form 990*.

I hereby certify that I am an authorized signatory for the applicant organization and that this organization does not discriminate on the basis of race, color, age, sex, religion, sexual orientation, disability, veteran status, marital status, genetic information, gender identity, national origin, and/or women affected by pregnancy, childbirth, or related medical conditions, and that all funds that may be received by applicant organization from the County of Charleston will be solely used for the purposes set forth in this application and will comply with all laws and statutes.

|  |  |
| --- | --- |
| Signature  | Date |

|  |
| --- |
| Name and Title (please print)  |