



FY 2020 Grant Application

ORGANIZATION PROFILE:

Legal Name of Organization: _____

Project Name (if different): _____

Legal Address: _____

Employer Identification No.: _____

Is organization a 501(c)(3)?: Yes: _____ No: _____

If not, please explain tax status: _____

Contact Person Name/Title: _____

Phone/Email: _____

Executive Director: _____

Phone/Email: _____

Mission Statement: _____

Web Address: _____

Organization/Project Budget: _____

If the applicant is a component of a larger organization, please provide the budget for the component and the program and not the entire organization.

Fiscal Year begins/ends: _____

Staff Information: Total paid staff: _____ No. of Attorneys: _____
No. of Paralegals: _____ No. of Support Staff: _____

Pro Bono Information: No. Pro Bono Attorneys: _____ No. Pro Bono Cases: _____
Approx. No. Pro Bono Hours: _____ No. Pro Bono Clients: _____



Identify other sources of income:

Government Funding: _____ Grants: _____ Carry over: _____

Fundraising (events, bequests, gifts, etc.): _____ Investment Income: _____

Other (please explain): _____

Previously Received a SC Bar Foundation Grant (if yes, fill out chart below): Yes: ___ No: ___

Year	Amount

If received previous grant, will you have carry over grant funds: Yes: ___ No: ___

If yes, please provide amount and explain why: _____

GRANT INFORMATION:

Grant Category for Funding (please select one category):

- ADMINISTRATION OF JUSTICE
- CIVIL LEGAL AID
- LAW RELATED EDUCATION

Amount Requesting: _____

What is the percentage of the grant request to the program budget: _____

Description of Why Requesting Funding (please attach a separate page if you need more space): _____



Who Benefits from Funding, e.g. community, geographic, individual impact (please attach a separate page if you need more space): _____

GRANT REQUEST ITEMIZATION

CATEGORY	FULL-TIME STAFF (if not full time, please indicate)	FUNDS REQUESTED	OTHER PROGRAM FUNDS	TOTAL
PERSONNEL COSTS				
Lawyers				
Paralegals				
Administrative				
Others				
Salary Subtotal				
Employee Benefits	%			
Personnel Subtotal				
NON-PERSONNEL COSTS				
Space				
Equipment				
Supplies				
Telephone				
Travel				
Training				
Library				
Insurance				
Audit				
Litigation				
Capital Additions [1]				
Contract Services [2]				
Other [3]				
Non-personnel Subtotal				
TOTAL (all costs)				



[1] If requesting capital additions, please itemize: _____

[2] If requesting contract services, please itemize: _____

[3] If requesting other, please itemize: _____

ATTACHMENTS:

Please attach the following:

- ✓ Brief narrative covering the following:
 - Organization overview- Please provide a description of the organization including its history, mission, and long-term vision. Include information about challenges the organization is facing. If funding is sought for a special project, please describe the project’s scope and how it fits with the organization’s mission.
 - Past fiscal year goals met and accomplishments- Please describe the goals that were met and any accomplishments during the past fiscal year. Programmatic and operational goals and accomplishments, if any.
 - Current fiscal year work plan- Please describe the organization’s work plan for the current fiscal year. Describe any emerging issues being addressed or new constituents being served. Provide a brief summary of any collaborative efforts with other organizations.
 - Measurements and outcomes- Please describe how your organization measures and evaluates its impact.
- ✓ The organization’s most recent financial report, including statement of activities and financial position (audited or unaudited). If unaudited, also please provide the most recently audited financial report
- ✓ List of officers and board members (or component officers, e.g. dean). Please note if any of the members of the South Carolina Bar Foundation Board of Directors, past or present, are related to or affiliated with members of your board, employees or affiliation with your organization.
- ✓ If you are seeking funding for a position not currently funded, please provide the job description.



- ✓ Most recent annual report, if available.
- ✓ FOR NEW APPLICANTS OR CURRENT GRANTEEES WHO MAY HAVE HAD A CHANGE IN STATUS: IRS ruling letter regarding applicant's tax-exempt status.

I certify that to the best of my knowledge and belief all of the information on this form is correct.

Authorized Signature

Date