**FY 2025 Grant Application**

(funding to begin July 2024)

DEADLINE: March 4, 2024

**ORGANIZATION PROFILE:**

Legal Name of Organization: Click or tap here to enter text.

Project Name (if different): Click or tap here to enter text.

Contact Person Name/Title: Click or tap here to enter text.

Phone/Email: Click or tap here to enter text.

Executive Director: Click or tap here to enter text.

Phone/Email: Click or tap here to enter text.

Legal Address: Click or tap here to enter text.

Employer Identification No.: Click or tap here to enter text.

Is organization a 501(c)(3)?: Yes/No: Click or tap here to enter text.

If not, please explain tax status: Click or tap here to enter text.

Mission Statement: Click or tap here to enter text.

Web Address: Click or tap here to enter text.

Organization/Project Budget: Click or tap here to enter text.

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: Click or tap here to enter text.

**GRANT INFORMATION:**

Grant Category for Funding (please select one category):

[ ] ADMINISTRATION OF JUSTICE

[ ] CIVIL LEGAL AID

[ ] LAW RELATED EDUCATION

[ ] HORRY COUNTY FUNDS\*

[ ] [Not sure of category?]

Amount Requesting: Click or tap here to enter text.

What is the percentage of the grant request to the program budget: Click or tap here to enter text.

**GRANT REQUEST ITEMIZATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CATEGORY** | [**STAFF (please indicate f/t or p/t)**](file:///C%3A%5CUsers%5Cmseiner%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.MSO%5C277C0845.xls#RANGE!_ftn1) | **FUNDS REQUESTED** | **OTHER PROGRAM FUNDS**  | **TOTAL** |
| **PERSONNEL COSTS** |   |   |   |   |
| Lawyers  |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Paralegals  |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Administrative |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Others  |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
|  **Salary Subtotal**  |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Employee Benefits | Click or tap here to enter text.% |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
|  **Personnel Subtotal** |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| **NON-PERSONNEL COSTS** |  |  |  |
| Space  |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Equipment  |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Supplies  |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Telephone  |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Travel  |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Training  |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Library  |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Insurance  |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Audit  |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Litigation  |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Capital Additions ***[1]***  |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Contract Services***[2]***  |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Other ***[3]***  |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
|  **Non-personnel Subtotal**  |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| **TOTAL (all costs)** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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

Click or tap here to enter text.

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

Click or tap here to enter text.

**[3]** If requesting other, please itemize:

Click or tap here to enter text.

**Purpose of Funding Request** (please attach a separate page if you need more space):

Click or tap here to enter text.

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

Click or tap here to enter text.

If you are requesting funds from the Horry County Category, please explain how the funds meet the Foundation’s criteria and how they will be used in Horry County. (please attach a separate page if you need more space):

Click or tap here to enter text.

**PRIOR FOUNDATION GRANT RECIPIENT**

Previously received a SC Bar Foundation Grant? If yes, fill out chart below. If no, proceed to next section.

Years and Amounts received in prior years:

|  |  |
| --- | --- |
| **Year** | **Amount** |
|  Click or tap here to enter text. |  Click or tap here to enter text. |
|  Click or tap here to enter text. |  Click or tap here to enter text. |
|  Click or tap here to enter text. |  Click or tap here to enter text. |
|  Click or tap here to enter text. |  Click or tap here to enter text. |
|  Click or tap here to enter text. |  Click or tap here to enter text. |

Will you have carry-over grant funds: Click or tap here to enter text.

If yes, please provide amount and explain why:

Click or tap here to enter text.

**OTHER INFORMATION:**

Staff Information: Total paid staff: Click or tap here to enter text.

No. of Attorneys: Click or tap here to enter text.

 No. of Paralegals: Click or tap here to enter text.

No. of Support Staff: Click or tap here to enter text.

Pro Bono Information: No. Pro Bono Attorneys: Click or tap here to enter text.

No. Pro Bono Cases: Click or tap here to enter text.

 Approx. No. Pro Bono Hours: Click or tap here to enter text.

No. Pro Bono Clients: Click or tap here to enter text.

Identify other sources of income:

* Government Funding:Click or tap here to enter text.
* Grants: Click or tap here to enter text.
* Carry over: Click or tap here to enter text.
* Fundraising (events, bequests, gifts, etc.):Click or tap here to enter text.
* Investment Income:Click or tap here to enter text.
* Other (please explain): Click or tap here to enter text.

**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, to include 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 affiliated 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 GRANTEES WHO MAY HAVE HAD A CHANGE IN STATUS: IRS ruling letter regarding applicant’s tax-exempt status.

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

Authorized Signature Date