

APPLICATION TO
Long Cove Club Charitable Advisory Committee

GRANT PROPOSAL COVER SHEET

APPLYING ORGANIZATION NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE: ()	FAX: ()	COUNTY:
WEB ADDRESS:		
PROJECT CONTACT PERSON:		TITLE:
EMAIL ADDRESS:		
TELEPHONE: ()	FAX: ()	
BOARD OF DIRECTOR'S CONTACT PERSON:		
IF DIFFERENT FROM ABOVE - TELEPHONE: ()		EMAIL ADDRESS:
PROJECT TITLE:		
TOTAL PROJECT BUDGET: \$		
AMOUNT REQUESTED FROM LCCCAC: \$		
REQUESTED GRANT PERIOD:	FROM:	To:
PROJECT NARRATIVE AND SUMMARY: The entire narrative portion may not be more than two printed pages – 12 pt type. Refer to page 3 for required Project Narrative & Summary questions. ATTACH TO COVER SHEET		
HAVE YOU PREVIOUSLY APPLIED TO LCCCAC (formerly LCCCEF) FOR ANY FUNDING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: WHEN, IN WHAT AMOUNT, AND FOR WHICH NEED OR PROJECT		
HAVE YOU APPLIED TO ANY OTHER SOURCE FOR THE FUNDING YOU ARE NOW SEEKING FROM LCCCAC? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: TO WHOM, WITH WHAT RESULTS (INCLUDING \$ AMOUNT); DO WE HAVE YOUR PERMISSION TO CONTACT THIS OTHER SOURCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: WHO IS THE CONTACT PERSON, THEIR NAME, ADDRESS AND TELEPHONE NUMBER.		

COMPLETE GRANT REQUESTS MUST INCLUDE

THREE (3) COMPLETE COPIES OF THE ENTIRE APPLICATION TO INCLUDE ALL OF THE FOLLOWING:

- Original of the LCCCAC Grant Proposal Cover Sheets (2 pages)
- Project Narrative & Summary
(Required questions to be covered on page 3) – 2 pg. max, 12 pt. type
- Project Budget Spread Sheet and Narrative
- Your Organization’s Mission Statement
- Current Board List
- Most recent Annual Report – if any
- Non-discrimination statement
- Most recent Financial Statement or Audit
- IRS Tax Exempt Letter within 2 years and/or immediate prior year Federal 990 tax return
- Federal Tax ID #

If any of the above is not included, please explain why:

THE GRANT PROPOSAL COVER SHEETS, PROJECT BUDGET AND NARRATIVE, AND SUMMARY must be completed in full and presented with the proposal with all required attachments
Any missing component will delay consideration until we receive the required information or result in application rejection as appropriate

APPLICANT SIGNATURES (REQUIRED)	FOR OFFICE USE ONLY
EXECUTIVE DIRECTOR	DATE RECEIVED:
DATE	APPLICATION ACCEPTED: <input type="checkbox"/> YES <input type="checkbox"/> NO
OFFICER, BOARD OF DIRECTORS	AMOUNT APPROVED: \$
DATE	DATE OF APPROVAL:
	DATE OF CHECK DELIVERY:
	NOTES:

MAIL THE ABOVE MATERIALS BY MARCH 31 TO:

Long Cove Club Charitable Advisory Committee

**GRANT REQUEST PROCESSING
 ATTN: GRANTS COMMITTEE
 399 LONG COVE DRIVE
 HILTON HEAD ISLAND, SC 29928
www.longcoveclub.org**

Long Cove Club Charitable Advisory Committee

PROJECT NARRATIVE AND SUMMARY

REQUIRED QUESTIONS

The mission of the LCCCAC is to encourage collective charitable giving by Long Cove Club Members to support needs in the areas of health, housing, hunger and education in Beaufort and Jasper Counties.

Your application must address the following issues:

- 1. HOW DOES THIS PROJECT COMPLEMENT THE STATED OBJECTIVES OF THE LCCCAC MISSION STATEMENT?**
- 2. HOW DO YOU PLAN TO IMPLEMENT YOUR PROJECT?**
 - x Your timeline: steps to be taken, by whom, when and where
 - x How many people, and who, will be served
 - x Names of cooperating and partnering agencies, if applicable
 - x Project staff and/or consultants, including amounts paid the latter regarding this project
- 3. HOW WILL YOU KEEP THE PROJECT GOING AFTER THE FUNDING PERIOD?**
 - x Other current funding sources
 - x If the project is ongoing, your plans to continue after the funding period
 - x Future funding sources
- 4. HOW WILL YOU KNOW YOUR PROJECT IS SUCCESSFUL?**
 - x Your criteria judging effectiveness
 - x Methods and schedule for measuring results
 - x Who will assess the result
- 5. Progress reports will be required on interim six months and at conclusion of project**

Long Cove Club Charitable Advisory Committee

INSTRUCTIONS AND CONDITIONS FOR APPLICATIONS

We do not make grants to individuals, endowment campaigns, annual appeals, membership drives or travel for individuals or groups when travel is the proposal's primary focus. Grants emphasis is in Beaufort and Jasper Counties of South Carolina.

If you receive a grant you will be required to publicize that fact. You must supply LCCCAC with a copy of the text of such publicity prior to the print release thereof. Any publicity must set forth the full name of the LCCCAC and the purpose of the grant.

LCCCAC may conduct a site visit to your facility and may request that you appear for a presentation to the LCCCAC or a subcommittee, in support of your application.

The review of your application and supporting materials may prompt further questions. While your application is pending you must advise us if any of the material facts in the application change.

We may require progress reports for any project which will last more than 6 months. You will be advised of when such a report will be due in the Grant Acceptance letter.

We require Grant Completion Reports for all grants made. Any award you receive will require that you certify your continued 501c3 designation without reservation.

Applications may be submitted in writing only. Applications are accepted at any time during a Grant consideration cycle, which begins January 1 of each year and ends on March 31. All applications will be reviewed. All applicants will be advised of the disposition of their application in June.