



# Sisters of Charity Foundation of South Carolina

## Responsive Grant Pre-Application

Responsive Grants, designed to address the root causes of poverty, will be awarded in the spring. Grant award amounts will vary depending on the requirements of each funding proposal. Potential applicants should review the mission and focus of the Sisters of Charity Foundation of South Carolina.

### Organization Information

Organization Name \_\_\_\_\_

Also Known As \_\_\_\_\_

Parent of Sponsoring Organization (if different from applying organization) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

Does your organization have a current IRS 501(C)(3) not-for-profit status?    Yes            No \*

\*If no, please explain \_\_\_\_\_

Organization's Federal I.D. Number \_\_\_\_\_

Total Organizational Budget for Applicant's Fiscal Year \_\_\_\_\_

Current Year Revenues (for applicant organization) \_\_\_\_\_ Current Year Expenses (for applicant organization) \_\_\_\_\_

Total Budgeted Revenues for Prior Fiscal Year \_\_\_\_\_ Total Budgeted Expenses for Prior Fiscal Year \_\_\_\_\_

Total Actual Revenues for Prior Fiscal Year \_\_\_\_\_ Total Actual Expenses for Prior Fiscal Year \_\_\_\_\_

Number of Years in Operation (for applicant organization) \_\_\_\_\_

Mission and Purpose of Applicant Organization \_\_\_\_\_

### Contact Information

#### President or Executive Director

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Title \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

#### Contact Person Regarding the Application

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Title \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_



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## Responsive Grant Pre-Application

### Project Information

Project Title \_\_\_\_\_

Project Start Date \_\_\_\_\_ Project End Date \_\_\_\_\_

Program Area	Arts and Culture	Community	Economic
	Education	Employment and Training	Health
	Religious	Social Services	Other

Request Amount (not to exceed \$3,000) \_\_\_\_\_

Geographic Area Served by the Project \_\_\_\_\_

Number of Participants Targeted for the Program \_\_\_\_\_

Project Description *Please give a one paragraph summary describing the project for which funds are requested.* \_\_\_\_\_

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Other Partners *Are other partners involved in this effort? If so, please explain.* \_\_\_\_\_

\_\_\_\_\_

Please list other organizations from which funds have been requested for this project and the status of the requests.

Organization	Status (pending, declined, etc.)
_____	_____
_____	_____
_____	_____
_____	_____

Nature of Request

Project	Operating/General	Program	Other
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Goals and Outcomes *What are the specific goals and outcomes for the program?* \_\_\_\_\_

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