



Town of Kiawah Island Charitable Giving Application

Fiscal Year 2017-2018

APPLICATION DEADLINE: 3:00 p.m. on January 12, 2018

NAME OF ORGANIZATION _____

NAME OF APPLICANT _____

Date of application: _____ Amount of request: \$ _____

Name of organization: _____

Address: _____

Name and position of person submitting request: _____

Email address: _____

Telephone # _____ Fax # _____

Website address: _____

MISSION STATEMENT:



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Briefly describe your organization's goals and objectives.

PROJECT TITLE: _____

Give a brief project overview:

Briefly describe the proposed project, and how does this project advance the mission of the organization?

Does it build on existing programs or services? If so, how?



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Number of people served by the organization annually?

Geographic area served.

Demographics of those served by the proposed project (i.e., Age, income, ethnicity, education level... ..)

Include a timeline or date(s) of the project.

What are the outcomes you hope to achieve through this project and how will you know if your outcomes are achieved?



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What is your measure of success?

If the project involves partners, List who they are and what role they will have.

What will it cost to execute this project and what amount is being requested? Provide detailed budget of expenditures and list other sources of funding if applicable.

Other Comments:



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Required Attachments:

- ✓ Verification of tax-exempt status (IRS determination letter)
- ✓ List of Board of Directors, Officers, and Staff
- ✓ Annual Budget

If the Town provides funds, I agree to provide the Town of Kiawah Island a copy of the audited financial statements.

This organization assumes full legal responsibility for any suit or action at law or equity, and any or all claims arising from this project/activity, and do hereby indemnify and hold harmless the Town of Kiawah Island from any liability in any action at law or equity associated with its support for this project/activity.

Signature

Title

Organization

Date

Mail Completed Application To: **Town of Kiawah Island**
Attn: Town Clerk
4475 Betsy Kerrison Parkway
Kiawah Island, SC 29455

For Office Use Only

Total Amount Requested \$ _____

Action Taken by Ways & Means Committee:

Date of Recommendation _____ Amount _____ Denied _____

Action Taken By Town Council:

Date of Approval _____ Amount _____ Denied _____

Notes: _____
