



OPERATION COLLETON RIVER CHARITABLE FUND

Operation Colleton River (OCR) grants will be given to projects that embody OCR's core values as expressed in its mission Statement: To provide holiday presents and year round assistance to fulfill basic needs of food, clothing, literacy and the general well-being for neighbors in need.

The grant fund was created to help children and families in the greater Bluffton area with specific basic need projects.

The Colleton River grant program is administered in partnership with the Community Foundation of the Lowcountry, a not-for-profit 501(3)(c) organization.

All grant applicants are required to meet the following criteria:

- Applicant must have 501(c)(3) status.
- Applicant requests must be focused on community needs of food, clothing and literacy and on the basic needs of children and families.
- Applicant must serve the geographic area of the greater Bluffton area.
- Applicant must have a yearly budget of \$2,000,000 or less.

- Applicant must be listed on The Giving Marketplace page on the Community Foundation of the Low Country website. (contact Community Foundation at 843-681-9100).
- Applicants must explain the goal(s) they wish to accomplish and the methods they intend to use. They must submit a written report that measures outcomes, details how funds were expended and updates the OCR Committee on their progress after 6 months and upon completion of the project.

Grants will NOT be made for:

- Administrative costs such as salaries, rent, utilities, staff training, marketing or advertising;
- Individuals, endowment campaigns, fundraising or to support any political or religious activities.

This will be a 1(one) year, one-time grant that will be awarded for a defined project related to one of our core focus areas.

The grant amount requested should not exceed \$10,000.00.

Grant applications will be accepted until March 15, 2022 and applicants will be notified April 15, 2022.



ORGANIZATION INFORMATION:

Name of Organization: _____

Executive Director/Grant Contact Person: _____

Address: _____

Telephone: _____ **Email:** _____

Does your organization have IRS 501(c)(3) nonprofit status? Y__N__(Required)

Federal Tax ID #: _____ **Date organization was founded:** _____

Organization's Mission Statement:

Describe the population your organization serves (number of individuals, gender, ages, ethnicity, etc.):

EXECUTIVE SUMMARY OF PROJECT: (Not to exceed one page)

Please attach a summary of how the requested funds will be used. Include details for the following questions:

- **What is your goal?**
- **How will you achieve this goal?**
- **Who will be served?**
- **How will you staff this project?**
- **How will the success of this project be measured?**
- **How will this project benefit the community?**

PROJECT INFORMATION:

Project for which funding is requested

Type of Project Program _____ Special Project _____

Other _____

Total Project Budget _____ Grant Amount requested _____

Project Period from _____ to _____

Geographic area served by project

Have you received or are you seeking funds from any other sources for this project? Yes ____ No ____

If yes, please indicate from whom and amount requested:

REQUIRED INFORMATION:

Does your organization have a listing on Community Foundation of the Lowcountry's Giving Marketplace website? Yes ____ No ____

If your organization does not have a listing on the Giving Market Place page of Community Foundation of the Lowcountry's website, contact the Community Foundation of the Lowcountry at 843.681.9100 for assistance.

Grant applications are due by March 15, 2022 and grants will be awarded April 15, 2022.

Please email your completed Grant Application package (including all supporting documentation) no later than March 15, 2022 to lvargasprada@cf-lowcountry.org or mail to Leslie Vargas-Prada, Community Foundation of the Lowcountry, Post Office Box 23019, Hilton Head Island, SC 29925.

If you have questions, contact Leslie at 843.681.9100:

AUTHORIZATION:

Executive Director/President: _____ Date: _____

Signature: _____

Board Member: _____ Date: _____

Signature: _____