Opportunity Grant - 2027

Community Foundation of the Lowcountry

Organization Information

The following information can be transferred from GuideStar. Please contact Lisa Hodge at lhodge@cf-lowcountry.org if you have questions.

Organization Name*
Character Limit: 250

EIN
Character Limit: 250

Website*
Enter the URL to your organization's website. If you do not have a website, enter N/A.

Character Limit: 2000

State Public Charity Registration*
Are you registered as a public charity with the SC Secretary of State?

Choices
Yes
No

Public Charity Number*
Enter the number assigned by the SC Secretary of State Office. This should be an alpha-numeric entry, preceded with a "P" or "C".

Character Limit: 10

Eligibility Criteria

Please answer the following eligibility questions. They are not transferrable from GuideStar. You must enter them.

Grant Requirement Review*

Have you reviewed the information in the Grantseekers Toolkit, or have you attended an Impact Information Session \within the last 12 months?

Choices

Yes
No

What is your service area?*

Enter the geographic area served by this project.

Choices

Northern Beaufort
Southern Beaufort
Colleton
Hampton
Jasper

Commitment to Title IX*

Is the following statement true?

On behalf of the organization applying for funding from Community Foundation of the Lowcountry, I acknowledge that the following statement is true:

This organization does not discriminate against any individual, family, or group on the basis of race, religion, gender, gender identity, sexual orientation, sex, pregnancy, childbirth, or any related medical conditions, color, physical or mental disability, age, ancestry, genetic information, national origin, or any other applicable status protected by Title Vi, Title VII, Title IX or any other local, state or federal law.

Choices

Yes, this statement is true.
No, this statement is false.

Total Revenue*

If your annual revenue is greater than $1,000,000, you will be required to submit an audit with your application.

Character Limit: 20

Staff*

Enter the number of full-time (or equivalent) paid staff.

Character Limit: 5

Volunteers*

How many volunteers work with you, helping you achieve your mission (program or administrative volunteers).

Character Limit: 5

Leadership Changes*

Describe any recent leadership changes in the last 12 months or any changes in leadership you anticipate in the next 12 months.

Character Limit: 500

Liabilities or Concerns*

Describe any outstanding issues loans or debts the organization is responsible for. **Include a detailed description of any litigation, or other potential organizational risks the organization or principals of the organization have pending or that are recently resolved.**

Character Limit: 500

Basic Project Information

Project Name*

Name of Project.

Character Limit: 50

Type of Project*

Please select one from the following.

Choices

Program
Special Project
Capital Expenditure
Other

Program Information*

Choose one focus area from the drop down list the best defines the service provided through this grant.

Choices

Arts and Culture
Education
Environment
Health/Mental Health
Human Services
Animal Welfare
Other

Total Project Cost*

What is the **total cost** of the project, not just the amount that you are requesting from Community Foundation of the Lowcountry?

Character Limit: 20

Total Amount Requested*

Enter the **amount you are requesting from Community Foundation of the Lowcountry** through this application.

Character Limit: 20

LOI Narrative Questions

Your grant application will be evaluated on the impact it has on the community. Please keep that in mind as you complete the following section.

Briefly Describe Your Project*

What is the project?

Character Limit: 2000

Need Addressed

What need, gap, or opportunity does this address?

Character Limit: 1000

How was need identified?*

Briefly explain how your organization determined there is a need for this project, program, or expenditure. You may reference data, community feedback, direct service experience, or other sources that helped you identify the issue or opportunity. Whenever possible, include relevant ata or evidence to support need.

Character Limit: 1000

Geographic Criteria*

Briefly explain how this program benefits individuals who live or work in the Beaufort, Jasper, Colleton, and/or Hampton Counties.

Character Limit: 1000

Mission Statement
Character Limit: 1000

Project/Mission Alignment*
How does this project relate to your mission statement?

Character Limit: 1000

Project Goals*
What are your short-term and long-term goals for this project? What positive change do you expect to create?

Please be as specific. Where applicable, include:

- Number of individuals served
- What will change for them
- How you will measure that change

You will be asked to expand on these goals with measurable outcomes in the full application.

Strong applications clearly connect goals to measurable outcomes.

Character Limit: 3500

Stage of Project Development*
What is the maximum stage you have achieved?

Choices
Idea Stage - We have identified a need or opportunity and are exploring possible solutions.
Concept Development – A general approach defined; gathering input and assessing feasibility.
Preliminary Planning – Objectives outlined, identified key partners, developing a draft plan.
Detailed Planning – A full project plan has been created, including timeline, budget, and roles.
Fund Development - We are actively securing funding, partnerships, or resources needed to proceed.
Ready to Implement - Planning & resources are in place; project is vetted and ready to launch.

Start Date
Project period "from" date

Character Limit: 10

End Date*
When do you expect this project/program to end?

Character Limit: 10

Timeline and Milestones*

Incorporating the dates above, outline your readiness to begin this project and what will happen along the way. Include key milestones, phases, or target dates. This helps us assess timing and readiness.

Character Limit: 750

Signature

Please Note: By completing the following section you are:

1. **Representing that you are an officer or other agent for the applicant Grantee organization duly authorized to enter into legally biding agreements on behalf of the Grantee organization.**
2. **Agreeing to submit this grant application in an electronic form on behalf of the Grantee organization, which shall be bound by its contents as an electronic transaction.**
3. **Agreeing that your insertion of data into the following fields constitutes and electronic signature.**

Organization Name*

Character Limit: 50

Signature*

Name of person completing this application.

Character Limit: 50

Title*

Character Limit: 25

Date*

Character Limit: 10

Please note, the LOI is the first of a two-part process.

The Grants Advisory Committee will review your submission and determine whether to invite a full application. This decision will be based on alignment with the Foundation's Grant criteria and preferences, current community needs, project readiness, the Foundation's funding priorities and available resources.

Please note that not all LOIs will be invited to proceed to the full application stage.