

Organizational Development Grant FY2027

Community Foundation of the Lowcountry

Agency Information

Organization Name*

Enter your organization's primary name, as it appears on your 501(c)(3) determination letter from the Internal Revenue Service.

Character Limit: 250

DBA Name

If your organization is doing business as a name other than the organization's Primary Name as stated on your 501(c)(3) determination letter, please enter it here.

Character Limit: 100

Executive Director Name*

Enter the name of the organization's Executive Director.

Character Limit: 100

501(c)(3)*

Does your organization have a 501(c)(3) designation from the IRS, in good standing?

Choices

Yes

No

EIN

Character Limit: 250

Year Founded

Character Limit: 250

Incorporation Year

Character Limit: 250

Grant Contact Name*

Enter the name of the contact person for this grant application. It is generally the person who is completing the application.

Character Limit: 100

Grant Contact Email

Enter the email address for the person who is responsible for the content in this application.

Character Limit: 254

Grant Contact Phone Number*

Character Limit: 20

Website

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

Character Limit: 2000

Mission Statement

Character Limit: 1000

Demographic Served*

Describe the individuals, families, communities, or populations who will benefit from this program. Explain how you engage those you serve in understanding their needs and how those insights informed your proposed approach. If your organization uses a specific term to describe the people you serve (such as participants, members, clients, patients, students, residents, or partners), please share that terminology and why it reflects your relationship.

Character Limit: 1000

What is your service area?

Which counties do you serve?

Choices

Northern Beaufort
Southern Beaufort
Colleton
Hampton
Jasper

State Public Charity Registration*

Are you registered as a public charity with the South Carolina 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

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.

The Giving Marketplace*

Do you have an updated GuideStar profile that is visible in The Giving Marketplace page of our website? Contact Lisa Hodge at lhodge@cf-lowcountry.org if you have questions or need technical assistance.

For instructions on accessing your profile from Guidestar.org, please click [HERE](#).

Choices

Yes

No

Profile Upload

CFL Staff will enter your profile from The Giving Marketplace (GuideStar).

File Size Limit: 15 MB

Staff*

Enter the number of 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*

Describe any changes in leadership, staff, and structure that have occurred or will occur within one year.

Character Limit: 1000

Liabilities*

Describe any outstanding loans, debts, litigation, or other potential organizational risks.

Character Limit: 1000

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

Request Information

Project Name*

This should be your organization name and the type of capacity building service you are requesting.

Character Limit: 100

Program Information*

Choose one item from the drop down list the best defines the service your agency provides.

Choices

Arts and Culture
Education
Environment
Health/Mental Health
Human Services
Improving the Life of Economically Disadvantaged Individuals
Improving the Life of Physically Disadvantaged Individuals
Animal Welfare

Previous Funding*

Have you previously received an Organizational Development Grant in this governance area?

*CFL does not generally fund an Organizational Development grant in the same governance area within an eight year time span.

Choices

Yes
No

Total Project Cost

What is the total amount of the project? Include the amount you will pay the consultant, as well as any additional expenses if applicable.

Character Limit: 20

Total Amount Requested

We generally support 70% of the consultant's costs up to \$5,000.

Character Limit: 20

Total Consultant Cost*

This is for consultant services. Do not include any additional expenses (i.e. food, lodging, venue, etc.).

The amount must be reflected in the (unsigned) proposal uploaded with the application.

Character Limit: 20

Description of Other Costs

Tell us what the total costs #1 and #2 consist of.

Note| We don't anticipate you requesting funding for "other costs" through the Organizational Development Grant process. We generally cover 70% of consultant costs up to \$5,000.

Character Limit: 500

Organizational Development Grant Information

Organizational Expertise*

Briefly describe the history and expertise of your organization. Explain how this ties in with your mission..

Character Limit: 2000

Core Services*

List the core services provided by your organization that correlate with the narrative in the question above.

Character Limit: 5000

Organizational Collaboration*

What other organizations or associations do you work with to address the needs of your clients?

Character Limit: 1000

Governance Need*

Which governance area do you plan to address if you receive this grant?

Choices

Asset Development Planning
Board/Staff Relations/Team Building
Bylaws, Policies and Procedures
Financial Management
Marketing/Public Relations/Communications
Merger/Consolidation
Organization Structure

Social Justice
Strategic Planning
Other

Other

If you answered "other" above, please explain your need here.

Character Limit: 500

Governance Goal*

Why did you choose this governance area? What do you want to achieve through this grant?
How will this funding enable your organization to strengthen capacity to govern in that area?

*We want to understand your thought process.

Character Limit: 2000

Long-term Benefit*

Describe the long-term benefit of this organizational development goal.

Character Limit: 1000

Consultant*

Who is the consultant you have chosen for this project? List the name and upload the proposal.

Character Limit: 300 | File Size Limit: 5 MB

Consultant Selection*

Describe the process used to identify and select the consultant. Include information about the number of consultants you considered and the process you used to make the selection.

Character Limit: 1000

Resources*

Do you have the resources to pay for the portion of the service not covered by this grant?

Do you have the support of your Board of Directors to receive this service?

Character Limit: 1000

Attachments

Most Recent 990*

File Size Limit: 25 MB

501(c)(3) Determination Letter*

File Size Limit: 1 MB

Organizational Budget*

File Size Limit: 4 MB

Current Financial Statements*

For example: Balance Sheet, Profit and Loss Statement, Cash Flow

File Size Limit: 4 MB

Audit or Attestation Statement*

If your organization has annual revenues of \$1,000,000 or more, you must submit an audit. If your annual revenues are less than \$1,000,000 you must submit an Attestation Statement, signed by your Board Chair and Finance Chair (or equivalent).

Attestation Form Template to Download

File Size Limit: 20 MB

Current Board of Director Listing*

Upload a list of your current Board of Directors

File Size Limit: 5 MB

Letters of Support*

Why We Request a Letter of Support

The purpose of the letter of support is to demonstrate that the organization is recognized by its community, constituents, or peers as a trusted and valued resource. Because Organizational Development (OD) Grants are designed to strengthen nonprofit capacity rather than fund a specific program, the letter is not intended to endorse the particular proposal. Instead, it should reflect confidence in the organization's overall work, credibility, and contribution to the community it serves.

This helps the Grants Advisory Committee understand how the organization is perceived by those it impacts and ensures that funding decisions consider the organization's broader role and relationships within the community.

If you need help combining the files, contact Debbie Cahoon at dcahoon@cf-lowcountry.org for assistance.

File Size Limit: 17 MB

Additional Documentation #1

You may upload additional information to support your proposal.

Character Limit: 1000 / File Size Limit: 1 MB

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 binding 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 an electronic signature.

Organization Name*

Character Limit: 50

Signature (Applicant)*

Executive Director or Grant Representative Signature.

Character Limit: 50

Title*

Character Limit: 50

Date*

Character Limit: 10