

**Fiscal Year 2018-2019
Town of Mount Pleasant
COMMUNITY INVESTMENT
FUNDING APPLICATION**

FOR OFFICE USE ONLY	
<i>FINANCE COMMITTEE RECOMMENDATION:</i> _____	Date Funding Approved: _____ Applicant Letter Requesting Funding Received: _____
<i>TOWN COUNCIL APPROVAL:</i> _____	Date Funding Dispersed: _____

DEADLINE: February 1, 2018

MAIL TO: Town of Mount Pleasant, Community Investment Funding Application
100 Ann Edwards Lane Mount Pleasant, SC 29464; rwagner@tompsc.com

Presentations to the Budget Committee of Council shall be no more than 5 minutes in length and should address the items listed below as well as the questions listed on page 2 of the application.

1. Name of Applicant Organization: _____
2. Mailing Address: _____
Street or P. O. Box / City / State / Zip Code
3. Name of Project/Program: _____
4. Project Director: _____ Title: _____
Telephone #: _____ Fax #: _____
Email address: _____
5. Applicant Category: (Check the description that best describes your organization).
 Government Agency Eleemosynary Private Business Other
6. Please check which tax status applies to your organization:
 Not-For-Profit as registered with the Secretary of State of South Carolina
Date of Incorporation _____ Charter # _____
 Federal Exempt Under IRS Code 501(c)
Date of IRS Tax Exempt Determination Letter _____
(Attach copy of letter)
7. Federal Employee Identification Number (EIN): _____
(Please provide proof of Exemption Status and Federal Employee Identification Number)
8. Year organization was founded: _____
9. Amount of Request: _____
10. Have you received funds from the Town of Mount Pleasant previously? yes no
If yes, how much? _____ What Years? _____

Applicants must complete this application in its entirety. Supplemental information shall be no more than 2 pages in length. Projects submitted for consideration must demonstrate a relationship to or impact on the Mount Pleasant community and be consistent with the Town of Mount Pleasant's Comprehensive Plan. **Funding recipients must recognize the Town of Mount Pleasant as a sponsor on all promotional materials.**

Applications will be reviewed annually at a Town Council Committee meeting during the budget process. Once a meeting date is established, you will be advised of the date and time for a presentation.

Project Director (SIGNATURE)

Date

Name of Applicant Organization: _____ **Date:** _____

11. Briefly describe your organization's mission and its goals and objectives.

12. Describe how your project/program will provide a public benefit to the Mount Pleasant community. (State estimated dollars to the community, # of residents impacted, other verifiable objectives, etc.).

13. Provide detailed budget of expenditures and revenues. A recent financial report is required with this application.
 - a. What will it cost to execute this project/program and what amount is being requested? What is the **minimum amount requested** from the Town of Mount Pleasant?
 - i. List other sources of funding if applicable.

 - b. What percentage of your organization's operation is dependent on government funding?

 - c. What percent of expenses are spent directly on programs?

14. Is other Town support requested during the year? If so, describe requirements expected including personnel (i.e. Police, Public Services) and the estimated cost of such services.

15. Other comments for consideration.

Name of Applicant Organization: _____ Date: _____

If you are a returning applicant, please completed the Performance Report below.

1. How much funding did you request in previous years from the Town of Mount Pleasant?
2. How much did you spend?
3. Please list the ways funds were allocated or attach an expenditure/expense report to your application.

Amount received:

Expenditures/expenses:

4. Describe how your funding from the Town of Mount Pleasant was used for the benefit of the public.