



6 Southwood Park Drive • Hilton Head Island • South Carolina 29926 • 843 689-6563

January 2018,

To: Grantee
From: St Francis Thrift Shop Council

Enclosed please find an application package for the Grants Program of St. Francis Thrift Shop. Your application must be completed and received by Saturday, March 31, 2018.

Due to the many applications received in the past and the great need within the local community, we limit grants to 501(c)3 organizations within the Hilton Head/Bluffton area. If you are a national, state, or county organization, any funding for which the application is made must be designated specifically for the benefit of residents in the Hilton Head/Bluffton area.

Please do not contact the St Francis Thrift Shop with any questions regarding Grants. The Management and volunteers are not available to discuss Grants. Please feel free to email at sftsgrants@gmail.com if you have any questions or need assistance.

It is advisable to send your completed application by CERTIFIED MAIL, RETURN RECEIPT REQUESTED to my attention, St. Francis Thrift Shop, 6 Southwood Park Drive, Hilton Head Island, SC 29926. You will then be assured of its timely delivery. If convenient for you, it can also be dropped off at the St Francis Thrift Shop. Please address it to me and it should be given to a **MANAGER ONLY.**

Sincerely,

Eileen M Fitzgerald

Chair SFTS Grants Program

Enclosures (4)

ST. FRANCIS THRIFT SHOP
6 Southwood Park Drive
Hilton Head Island, SC 29926

The St. Francis Thrift Shop Council and Management are pleased to provide you with an application for a St. Francis Thrift Shop 2018 Grant Cycle.

Please note that all applicants must be a 501(c) TAX EXEMPT FOR FEDERAL INCOME TAX purposes.

The following documents are required to accompany your application:

- 1) Completed GRANT APPLICATION.
- 2) Proof of Federal Income Tax Exemption Status 501 (C)(3).
- 3) Proof of compliance with "South Carolina Solicitation of Charitable Funds Act".
- 4) Federal Employer Identification Number (EIN)
- 5) The Organization's 990 for 2016
- 6) Current Financial Statement covering the past year (2016). An example is attached.
- 7) Budget for fiscal year 2018.
- 8) List of Board of Directors
- 9) A brief history of the organization, the scope of its activities, and a detailed summary of the proposed use of the requested funds. Include the client group served and the number of clients who will benefit All monies awarded must be allocated for use in the Hilton Head and/or Bluffton areas.
- 10) **Clearly print the name of contact person, phone number, email address and mailing address.** All communications will be with this person.

If you have been awarded a St Francis Thrift Shop Grant in the past, please include a short summary of how the funds were used.

We regret that we will be unable to consider any application that DOES NOT have ALL of the above named documents enclosed with your request.

Eileen Fitzgerald

Chair, SFTS Grants Program

fitzfor@gmail.com

ST. FRANCIS THRIFT SHOP

**6 Southwood Park Drive
Hilton Head, SC 29926**

GRANT REQUEST APPLICATION - 2018

NAME OF ORGANIZATION: _____

Name and Title of the Executive Director: _____

Mailing Address of the Organization: _____

Telephone: (w)_____ (m)_____

Email: _____

Organization's Web Site: _____

Amount of Funds Requested: _____

Non-Profit Federal I.D. #: _____

Do you receive Federal/State Funds? YES ___ NO ___

If yes, please specify agency: _____

Other Funding: (Attach List if appropriate): _____

List Affiliated Organizations: _____

Signature

Date

EXAMPLE OF FINANCIAL STATEMENT

<u>INCOME SOURCES 2017</u>	<u>ACTUAL 2017</u>	<u>BUDGET 2018</u>
UNITED WAY	\$ XX,XXX	\$ XX,XXX
OUR FOUNDATION	X,XXX	X,XXX
YOUR FOUNDATION	XXX	XXX
INDIVIDUAL CONTRIBUTIONS	XX,XXX	XX,XXX
OTHER	XXX	XXX
TOTAL INCOME	XX,XXX	XX,XXX
 <u>EXPENSES</u>		
EMPLOYEES SALARIES	\$ XX,XXX	\$ XX,XXX
DIRECTOR (full time)	XX,XXX	XX,XXX
ASSISTANT(S) (full/part time)	XX,XXX	XX,XXX
EMPLOYEE EXPENSES (Insurance, FICA, Workers Comp)	XX,XXX	XX,XXX
 <u>OTHER EXPENSES:</u>		
Rent	XX,XXX	XX,XXX
Telephone	XX,XXX	XX,XXX
Electricity	XX,XXX	XX,XXX
OFFICE SUPPLIES (Postage, Stationery, etc.)	XX,XXX	XX,XXX
SERVICE TO CLIENTS	XX,XXX	XX,XXX
OTHER	XX,XXX	XX,XXX
TOTAL EXPENSES	XX,XXX	XX,XXX

Check Off Sheet

- Completed GRANT APPLICATION.
- Proof of Federal Income Tax Exemption Status 501 (C)(3). *
- Proof of compliance with South Carolina Non Profit Funding Act. *
- The Organization's 990 for 2017. *
- Current Financial Statement covering the past year (2017).
- Budget for fiscal year 2018.
- List of Board of Directors
- A brief history of your organization,
 - Mission statement.
 - Scope of activities.
 - Detailed summary of the proposed use of the requested funds.
 - Number of clients who will benefit.
 - Monies awarded must be allocated for use in the Hilton Head/Bluffton areas.
- If you have been awarded a St Francis Thrift Shop Grant in 2017 please state the amount received and a short summary of how the funds were used.
- Clearly print the name of contact person, phone number, email address and mailing address.

Please sign, date and return with the Grant Application.

Signature Executive Director: _____ **Date:** _____

Signature of the Board Chair: _____ **Date** _____

Asterisk * Items may be submitted as PDF documents to sftsgrants@gmail.com

January 23, 2018