



GRANT APPLICATION DETAILS

The Solomon Jackson, Jr., Foundation Corporation was established on October 30, 2009 under the laws of the State of South Carolina. The foundation is organized exclusively for charitable, religious and education purposes.

Grant Focus

- Applicant Organizations must be a 501 (c)(3) public charities.
- Applicant Organizations must be located in and serve the people of the state of South Carolina.
- Preference is given to organizations that focus on after-school programs with a focus on personal development and educational enhancement.
- In general proposals for capital campaigns and endowments will not be considered.
- Applicants will be awarded funds for no more than three consecutive years. A grant to the same organization (for the same program) will not be considered until one year has elapsed following close of the last grant.
- Grants normally range from \$5,000 to \$25,000 in size.

Application Deadline

Grants are made twice each year and the deadlines for submitting applications are:

- Organizations on a fiscal year: January 1 — April 15
- Organizations on a calendar year: June 1 — September 15

Applications will only be accepted through the mail and must be postmarked by the deadline dates. If the deadlines fall on a weekend or a holiday please postmark on the Friday before the deadline dates. Please do not hand deliver, email or fax the application. **Deadlines are strictly enforced.**

Application Submission & Selection

Please submit three (3) completed applications, including supporting documentation the address on the right.

Notification of the grant decision will be made in writing within 12 - 14 weeks after the application deadline dates.

The Solomon Jackson, Jr. Foundation
William Roach
South State Bank
520 Gervais Street, 2nd floor
Columbia, SC 29201

For Questions Contact William Roach
803.753.7703 | William.Roach@SouthStateBank.com

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Application Documents

Requests for Grants must contain the following information in the following order. Please be sure to complete, number and label each section.

- 1. **Grant Application Coversheet**
[See attached form]
- 2. **Background**
[Not to exceed two paragraphs]
Provide a brief description of the background, purpose and services of your organization.
- 3. **Organizational Budget**
Include a budget for the entire organization for your current fiscal year.
- 4. **Grant Request**
[One to two pages]
Please include a comprehensive description of the services for which you are seeking to support. Be sure to include information that highlights the urgent need of your organization, project or program in the community and justifies the amount requested.
- 5. **Project / Program Budget**
[Not applicable for general operating requests]
If the requested funds are to be used for anything other than the general operating expenses of the organization, include a detailed line-item budget for the specific project or program, which justifies that amount requested.
- 6. **Other sources of funding**
 - *For project / program requests —*
Provide a list of funds that have been secured to date and the sources of those funds. Please also include a list of pending requests.
 - *For Operating support requests —*
Provide a list of foundation and/or corporate grants received by the organization of the past two years. Please also include a list of pending requests.
- 7. **Evaluation**
[Not to exceed one page]
Include a detailed description of how you currently evaluate your organization / project or how you plan to evaluate if seed funding is requested. Please include the evaluation results, if available.
- 8. **Board Members**
Provide a list of the members of your current Board of Trustees.
- 9. **Tax Status**
Provide evidence of the tax status of your organization, i.e. a copy of the organization's Federal (IRS) Tax-Exempt Ruling Letter, verifying the that organization is a qualified charity under Section 501 (c)(3) of the IRS, and not a private foundation.
- 10. **Audited Financial Statement**
A copy of the organizations audited financial statement for the most recent fiscal year available.



GRANT APPLICATION

Grant Application Coversheet

This coversheet is intended as a summary only. We ask that you restrict your answers to the space provided, and that you make any additional comments in the proposal you submit with this coversheet. *Please note, this coversheet must be submitted with all requests.*

Organization Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Extension _____ Fax _____

Website Address _____

Contact Person Name (Mr., Ms., Dr.) _____

Title _____ Email _____

Legal Name of Organization _____

Tax ID Number _____ Federal Tax Status _____

Date of IRS Determination Ruling: _____ Does your organization engage in lobbying activities? Yes No

Organization Mission _____



GRANT APPLICATION

Organizational Budget Information

Current Fiscal Year (FY) Projections

FY _____ Ending (day/month) _____

Revenue \$ _____ Expenses \$ _____

Most Recent Fiscal Year (FY) Completed

FY _____ Ending (day/month) _____

Revenue \$ _____ Expenses \$ _____

Sources of revenue from the most recent completed fiscal year. Please list in % of total operating revenue:

Federal _____ % Corporations _____ %

State _____ % Individuals _____ %

City _____ % Endowment _____ %

Fees _____ % United Way _____ %

Foundations _____ % Other (Explain) _____ %

Project Budget Information (If Applicable)

Project Name:

Current Fiscal Year (FY) Projections

Revenue \$ _____ Expenses \$ _____

Most Recent Fiscal Year (FY) Completed

Revenue \$ _____ Expenses \$ _____

Sources of revenue from the most recent completed fiscal year. Please list in % of total operating revenue:

Federal _____ % Corporations _____ %

State _____ % Individuals _____ %

City _____ % Endowment _____ %

Fees _____ % United Way _____ %

Foundations _____ % Other (Explain) _____ %

Additional Information

Please check the services provided by your organization

Education

Health Care

Human Services

Arts & Culture

Other (Please specify) _____ Are you a United Way Agency? Yes No

Amount of Funds Requested \$ _____ Over _____ Months

Description & Purpose of Request (State if operating or program)



GRANT APPLICATION

Approximate Geographic location, demographic and description of population served by this request

Number of individuals expected to benefit from this request _____ Market Value of Endowment \$ _____

Are you currently in a capital campaign phase? Yes No

If yes, indicate the amount of the campaign \$ _____ If no, specify the date of your last campaign _____

What alternative does the agency have if this request is not funded? Will the program be able to continue?

If a previous grant was made to your organization from this foundation, have all funds been used? N/A Yes No

If no, please explain _____

We agree to report to the Trustee on the expenditure of any funds received.

Agreement

Original Signature Required

Signed _____ Date _____
(President / CEO or Executive Director)

If the Applicant Organization has a **fiscal agent**, please include the signature of a representative from that organization

Signed _____ Date _____