



FY 2024-2025

*Laurens County*  
**GRANT APPLICATION**

**Applications must be received by 8/30/2024**

“Late Applications shall not be considered. Submitting an application, does not guarantee your organization to be awarded.”

**Return applications to:** *Laurens County*  
*Attn: Administration*  
*100 Hillcrest Square*  
*Laurens, SC 29360*

**Or email to:** [LacyMills@co.laurens.sc.us](mailto:LacyMills@co.laurens.sc.us)

Amount you are requesting:	\$
----------------------------	----

**SECTION I: ORGANIZATION INFORMATION**

Name of Organization:	
Contact Name and Title:	
Mailing Address:	
Street Address (if different)	
Phone Number:	
City, State and Zip Code	
Fax Number:	
Email Address:	
Website:	
How long has your organization been in existence?	



**GIVE A BRIEF STATEMENT OF NEED FOR LAURENS COUNTY GOVERNMENT GRANT FUNDS.**

This section is limited to 2900 characters including spaces, which is approximately 400 words.

[Empty text box for providing a brief statement of need for grant funds.]

PLEASE COMPLETE THE FOLLOWING BUDGET BREAKDOWN SECTIONS ON THESE PAGES (NO ATTACHMENTS.) You may get these figures from your most recently submitted IRS Form 990, or you may simply use your overall operating budget.

**1. CONTRIBUTIONS, GIFTS, GRANTS & OTHER SIMILAR AMOUNTS**

<b>SOURCE</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>
<b>Government Grants</b>			
Municipal	\$	\$	\$
County	\$	\$	\$
State	\$	\$	\$
Federal other than COVID-19 Funds	\$	\$	\$
<b>Foundation Grants</b>	\$	\$	\$
<b>Contributions/Federated Campaigns</b>	\$	\$	\$
<b>Membership dues</b>	\$	\$	\$
<b>Fundraising events</b>	\$	\$	\$
<b>TOTAL CONTRIBUTED INCOME</b>	\$	\$	\$

**2. PROGRAM SERVICE REVENUE**

<b>SOURCE</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>
<b>Fees / Sold Services</b>			
Services	\$	\$	\$
Tuition / Fees	\$	\$	\$
Workshops, Seminars, Lectures, etc.	\$	\$	\$
Other (specify)	\$	\$	\$
Other (specify)	\$	\$	\$
<b>TOTAL PROGRAM SERVICES REVENUE</b>	\$	\$	\$

**3. OTHER REVENUE**

<b>SOURCE</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>
<b>Publications (Newsletters, etc.)</b>	\$	\$	\$
<b>Concessions and/or Merchandise</b>	\$	\$	\$
<b>Advertising</b>	\$	\$	\$
<b>Space Rental Fees</b>	\$	\$	\$
Other (specify)	\$	\$	\$
Other (specify)	\$	\$	\$
<b>TOTAL EARNED INCOME</b>	\$	\$	\$

<b>TOTAL COMBINED INCOME (1+2+3)</b>	\$	\$	\$
--------------------------------------	----	----	----

**4. EXPENSES**

	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>
Program Services	\$	\$	\$
Fundraising	\$	\$	\$
Administration, Management, General	\$	\$	\$
Other (Specify)	\$	\$	\$
<b>TOTAL EXPENSES</b>	\$	\$	\$

If your organization receives “in-kind” support, please list below:

<b>SOURCE</b>	<b>TYPE OF IN-KIND SUPPORT</b>

List funds already committed for potential projects for FY 2024 and the sources of these funds.

<b>SOURCE</b>	<b>AMOUNT</b>
	\$
	\$
	\$
	\$
<b>TOTAL</b>	\$

Who in your organization is responsible for fundraising?

- Staff     
  Board of Directors     
  Consultants     
  Members/Volunteers

**5. Will your organization’s 2024 budget be significantly different than 2023 and prior years?**

- Yes** (if yes, explain in the box below)     
  **No**

This box is limited to 880 characters including spaces, which is approximately 125 words

**4. FUNDING REQUEST FOR BUDGET YEAR 2024**

Please provide breakdown by categories:

<b>CATEGORY</b>	<b>PROGRAM SERVICES FY 2024</b>	<b>ADMINISTRATIVE/ GENERAL FY 2024</b>
Supplies	\$	\$
Equipment (specify)	\$	\$
Travel/Training	\$	\$
Personnel	\$	\$
Marketing / Promotions	\$	\$
Other (specify)	\$	\$
<b>TOTAL REQUESTED</b>	\$	\$

**SECTION III: ORGANIZATIONAL PROFILE AND PROJECT DESCRIPTION**

1. Briefly state the history and purpose of your organization.

This box is limited to 1400 characters including spaces, which is approximately 200 words.

**2. How will any funding awarded be utilized?**

This box is limited to 1400 characters including spaces, which is approximately 200 words.

**3. State your organization's ability to continue operations (i.e. current staffing levels, staff qualifications, prior experience, etc.)**

This box is limited to 1400 characters including spaces, which is approximately 200 words.

4. Discuss your organization’s relationship with other programs in the community designed to meet the same or similar needs. Describe collaborative partnerships that may result.

This box is limited to 1400 characters including spaces, which is approximately 200 words.

5. What is your plan for continuing your program(s) in the future, including funding sources?

This box is limited to 1400 characters including spaces, which is approximately 200 words.



I hereby certify that the applicant organization complies with all Americans with Disabilities Act requirements, and does not discriminate on the basis of race, color, age, sex, religion, sexual orientation, physical disability, or national origin, and that all funds that may be received by applicant organization from Laurens County will be solely used for the purposes set forth in this application and will comply with all laws and statutes. In particular, organizations receiving Community Assistance Funding will comply with state regulations requiring organizations to be registered with the South Carolina Secretary of State's Division of Public Charities.

---

Signature of Chief Executive Officer or Executive Director

Date

---

Name and Title (please print)

---

Signature of Chief Financial Officer or Board Chairperson

Date

---

Name and Title (please print)

**Make sure your application includes the following:**

- your IRS Letter (if applicable),
- a list of officers, staff and board members,
- Completed application with all required signatures.
- a copy of your confirmation letter of registration from the SC Secretary of State's Division of Public Charities

# **APPLICATION GUIDELINES**

## **Laurens County Grant Funds**

### **Program Purpose**

Laurens County will be awarding grants to non-profits or similar organizations. For profit-businesses and individuals are not eligible for these Laurens County grants.

**Applications must be received by:**

**8/30/2024**

Questions should be emailed to:

[LacyMills@co.laurens.sc.us](mailto:LacyMills@co.laurens.sc.us)

# INSTRUCTIONS

- 🏰 **All applications must be received by 8/30/2024**
- 🏰 Applications received after this time and date may jeopardize your organization's ability to receive funding.
  
- 🏰 **One original** copy of the application should be mailed to:
  - Laurens County
  - Attn: Administration
  - 100 Hillcrest Square
  - Laurens, SC 29360
  - OR hand delivered to 100 Hillcrest Square, Administration**
  - or emailed to: [LacyMills@co.laurens.sc.us](mailto:LacyMills@co.laurens.sc.us)**
  
- 🏰 Complete all questions using 11pt font or larger. **Use only the space provided on the application form.**
  
- 🏰 Section II Financial Information must be completed on the form. **An attached financial statement or budget will not be accepted.**
  
- 🏰 Applicants must be registered with the SC Secretary of State's Division of Public Charities. Nonprofit organizations need to include a copy of their confirmation letter of Secretary of State's Official Web site <http://www.scsos.com/> or call 803-734-1790.
  
- 🏰 Before submitting your application, please check to ensure that you have included the following:
  - your IRS Letter (if applicable),
  - a list of officers, staff and board members,
  - Completed application with all required signatures.
  - a copy of your confirmation letter of registration from the SC Secretary of State's Division of Public Charities

**No other attachments will be accepted.**

This application is available on the County's website at [www.laurenscounty.us](http://www.laurenscounty.us).