



Please note!
Throughout this application,
information that was entered on your
LOI is transferred! That information
becomes READ only. Contact Rose if it
needs to be updated!

Opportunity Grant - 2026

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

Fiscal Year Start Date*

Character Limit: 10

Fiscal Year End Date*

Character Limit: 10

Leadership Changes*

Describe any recent leadership changes in the last 12 months or any changes in leadership you anticipate in the next 12 months.

Character Limit: 500

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

What is your service area?

Our service area includes Beaufort, Colleton, Hampton and Jasper Counties. Impact grants are geographically restricted for nonprofit organizations serving individuals who live or work in southern Beaufort County.

With that in mind, please select all counties (in our service area) impacted by this project specifically. If your request is for a capital expenditure, select all counties served by your organization (within our service area).

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

Liabilities or Concerns

Describe any outstanding issues loans or debts the organization is responsible for. Include a detailed description of any litigation, or other potential organizational risks the organization or principals of the organization have pending or that are recently resolved.

Character Limit: 500

Basic Project Information

Community Foundation of the Lowcountry seeks to build community through our grantmaking. Our Grants Advisory Committee generally considers applications for new projects, programs or capital expenditures. We will also consider enhancements to existing projects, programs or capital expenditures.

We will not accept applications for operating expenses, including staff expenses. We will, however, consider applications for a new program staff position that are dedicated to a new project or program.

Requests are evaluated based on the Impact the Project will have on the Community. In addition to Community Impact as well as other factors, we put emphasis on the organization's capacity to complete the project or program, the organization's plan to sustain the project or program once the grant is terminated and partnerships the organization has developed to maximize Community Impact.

Project Name*

Name of Project.

Character Limit: 50

Program Information*

Choose one focus area from the drop down list the best defines the service provided through this grant.

Choices

Arts and Culture
Education
Environment
Health/Mental Health
Human Services
Animal Welfare
Other

Start Date*

Project period "from" date

Character Limit: 10

End Date*

Project period "to" date

Character Limit: 10

Timeline and Milestones

Incorporating the dates above, outline your readiness to begin this project and what will happen along the way. Include key milestones, phases, or target dates. This helps us assess timing and readiness.

Character Limit: 750

What portion of the project are you seeking funding for?*

Choices

The entire project

A specific phase or component of the project

Project Budget

Enter your project budget in this table:

- Enter the total project cost in the first column.
- Enter the Amount requested in this grant in the second column.

*We want to see the total project cost. We generally do not fund Operating Costs.

Item Description	Total Project Cost per Item	Amount Requested from CFL
Salary Expense		
Benefits		
Consultant Fees		
Facility Costs		
Office Expense and Technology Costs		

Office Supplies		
Materials		
Travel Expenses and/or Lodging		
Plans/Designs		
Advertising and/or Public Relations Fees		
Legal Services		
Training and/or Workshop Costs		
Fixed Asset or Depreciable Equipment Costs		
Other Costs Specific to the Project (You will enter details in the Application)		
Total Costs		

Description of Other Costs Specific to Grant*

Provide a list of items included in the Other Costs Specific to Grant row in the table above.

You may upload a list or you may enter it in the question box.

The question is required. Enter N/A if you did not enter a total in the Other Costs Specific to Grant row in the table above.

Character Limit: 500 | File Size Limit: 1 MB

Total Project Cost*

What is the total cost of the project, not just the amount that you are requesting from Community Foundation of the Lowcountry? (This number should match the bottom line in the middle column in the budget table above).

Character Limit: 20

Total Amount Requested*

This number should match the bottom line in the right column in the budget table above

Character Limit: 20

Describe the scope of the work this grant will support*

Describe the portion of the project you are requesting CFL to fund. Be specific. This narrative should tie directly to the dollar amount entered in the Total Amount Requested question and the Total Requested Colum in the Project Budget.

Character Limit: 1200

Type of Project*

Please select one from the following.

Choices

Program
Special Project
Capital Expenditure
Other

Request Status*

Select one from the list below.

Staff positions will only be considered if the position is for a new or greatly enhanced program.

Please note - You MUST select "Salary for new (Program) staff for a new or enhanced program to open the required position description question for staff consideration.

Choices

A new project, program or capital expenditure
An enhanced project, program or capital expenditure

Enhanced Project or Program

Existing Program Description*

If this is an enhancement to an existing project or program, briefly explain its success to-date. Also tell us how it is being enhanced (what is being added or changed) and why that is necessary.

Character Limit: 1000

LOI Narrative for Review

Briefly Describe Your Project

What is the project?

Character Limit: 2000

Project/Mission Alignment

How does this project relate to your mission statement?

Character Limit: 1000

Need Addressed

What need, gap, or opportunity does this address?

Character Limit: 1000

How was need identified?

Character Limit: 1000

Stage of Project Development

What is the maximum stage you have achieved?

Choices

Idea Stage - We have identified a need or opportunity and are exploring possible solutions.

Concept Development – A general approach defined; gathering input and assessing feasibility.

Preliminary Planning – Objectives outlined, identified key partners, developing a draft plan.

Detailed Planning – A full project plan has been created, including timeline, budget, and roles.

Fund Development - We are actively securing funding, partnerships, or resources needed to proceed.

Ready to Implement - Planning & resources are in place; project is vetted and ready to launch.

Detailed Project Information

Does your project serve a population that may face barriers to access or opportunity?

Choices

Yes

No

Describe the population served*

Character Limit: 1000

Project Goals

This information was transferred from your LOI. Please notify Debbie if you need to revise it.

What are your long-term and short-term goals for this project? You will be asked to create measurable outcome, based on these goals, in the grant application

Character Limit: 2000

Measurable outcomes should be clear, specific results that show whether a program or project is making a difference. They go beyond listing activities (what you did) to focus on the changes or benefits for participants or the community (what changed because you did it).

Good outcomes answer questions like:

- How much do we expect to do?
- How well do we expect to do it?
- Will anyone be better off?

The question immediately below is a text box where you will list your expected outcome and how it can be measured.

The second box below that is where you will explain how you expect the community to benefit.

Measurable Outcomes

Based on your project goals, complete this table.

Review the goals and define the outcomes will you measure to assess the project's success?

Outcome (text)	Baseline (number)	Target Result (number)	Method of Measurement (text)	Who is responsible?

Explain Measureable Outcomes*

What will success look like, and how will you know you have achieved it?

Character Limit: 750

Do you have partners involved in this project or program?*

Choices

Yes

No

Explain partnerships*

If yes, list your project partners and briefly describe how they support this work. Partners can include nonprofits, schools, businesses, faith communities, or civic groups. Letters of support should be uploaded.)

If this request does not provide partnership opportunities, briefly explain why.

Character Limit: 750

Duplication of Services*

Tell us who else provides a similar program or service in southern Beaufort County. How is your approach different? Are you working with others or filling a gap?

Character Limit: 1500

Project Sustainability*

Explain how you will continue the project, program, or benefit once CFL funding ends. Will you secure other funding, generate earned income, or integrate the work into ongoing operations?)

Character Limit: 1000

Challenges and Risks*

Identify potential challenges or barriers that could affect the success of your project. Are there risks related to staffing, funding, timing, or community response? If so, what is your plan to manage them?

Character Limit: 500

Attachments

Most Recent 990*

File Size Limit: 9 MB

Organizational Budget*

File Size Limit: 3 MB

Current Financial Statements*

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

File Size Limit: 3 MB

Total Revenue

If your annual revenue is greater than \$1,00,000, you will be required to submit an audit with your application. If your revenue is less than \$1,00,000 you must submit THIS Attestation Statement.

Character Limit: 20

Audit or Attestation Statement*

If your organization has annual revenues of \$500,000 or more, you must submit an audit.

If your annual revenues are less than \$500,000 you must submit an Attestation Statement, signed by your Board Chair and Finance Chair (or equivalent).

Download: Required Attestation Statement

File Size Limit: 8 MB

Current Board of Director Listing*

Upload a list of your current Board of Directors

File Size Limit: 1 MB

Letters of Support*

Please combine letters of support and upload. If you need help combining the files, contact Debbie Cahoon at dcahoon@cf-lowcountry.org for assistance.

File Size Limit: 10 MB

Board Chair Letter of Support*

Please download the following document, copy and paste the information onto your letterhead and ask your Board Chair to sign. Once it is signed, upload it into this section of the application.

Click here to download template: Board Chair Support Template

File Size Limit: 5 MB

Additional Documentation #1

You may upload additional information to support your proposal.

Character Limit: 1000 | File Size Limit: 5 MB

Additional Documentation #2

File Size Limit: 5 MB

Additional Documentation #3

File Size Limit: 5 MB

Closing Statement

Community Impact*

Before submitting, please reflect on your full application and consider the following:

Given the Foundation's limited funding and the many pressing needs in our community, why is this project the best use of CFL's limited grant funds? Why is this request important to the broader community? What would happen if the project doesn't move forward? Use your own words to help us understand why this work matters and why now.

Character Limit: 1500

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