



# FY 2017 – 2018 Berkeley County Public Services Grant Application

## ORGANIZATION INFORMATION:

Name of Organization:	
CEO/Executive Director:	
Mailing Address:	
City, State, Zip Code	
Phone Number:	
Fax Number:	
Email Address:	
Website Address:	
Federal Employer ID#	
Primary Project	
Contact/Title:	
Phone Number:	
Fax Number:	
Email Address:	
<b><i>Project <u>must</u> be completed within 12 months from date of the award unless otherwise specified or implied in the grant agreement.</i></b>	

### APPLICANT CATEGORY: *(check one only)*

Tax-exempt 501(c) 3, 4, 5, 6, 7, 10

Governmental Agency

## MISSION & HISTORY OF ORGANIZATION:

**PROJECT TITLE:**

**EXECUTIVE SUMMARY OF PROJECT:**

<b>Organization's Current Annual Operating Budget</b>			\$0.00
<b>Total Project Budget:</b>	\$0.00	<b>Grant Request:</b>	\$0.00
<b>Anticipated Number of Berkeley County Children to be Served:</b>			0
<u>Berkeley County Use ONLY:</u>			
<b>CPS:</b>			

**IDENTIFIED NEEDS IN BERKELEY COUNTY:**

[Empty box for identifying needs in Berkeley County]

**HOW MANY CHILDREN (*unduplicated count*) WERE SERVED BY YOUR AGENCY DURING THE FOLLOWING CALENDAR YEAR?**

<b>Year</b>	<b>TOTAL # Children Served</b>	<b># Berkeley County Children Served</b>	<b>% Berkeley County Children Served</b>
<b>2015</b>	0	0	0.00%
<b>2014</b>	0	0	0.00%
<b>2013</b>	0	0	0.00%
<b>TOTAL</b>	0	0	0.00%

**PROJECT GOALS:**

1.
2.
3.

**HOW WILL YOUR ORGANIZATION MEASURE PROJECT SUCCESS?**

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## **COMMUNITY OUTREACH**

Describe the outreach efforts of your organization with regard to collaboration and partnership development in the subject program. Please note any agencies/organizations that you currently have a partnership and list potential future collaborations.

**PROPOSED PROJECT BUDGET:**

A.	PERSONNEL	Project Grant Request	TOTAL Project Budget
	Staff Title:	\$0	\$0
		\$0	\$0
		\$0	\$0
		\$0	\$0
	Fringe Benefits	\$0	\$0
	<b>TOTAL PERSONNEL COSTS</b>	\$0	\$0
B.	MATERIALS/SERVICES	Project Grant Request	TOTAL Project Budget
	Rent	\$0	\$0
	Office Supplies	\$0	\$0
	Equipment	\$0	\$0
	Training	\$0	\$0
	Mileage & Parking	\$0	\$0
	Professional Services	\$0	\$0
	Office Utilities	\$0	\$0
	Other:	\$0	\$0
		\$0	\$0
		\$0	\$0
		\$0	\$0
		\$0	\$0
	<b>TOTAL MATERIAL/SERVICES COSTS</b>	\$0	\$0
<b>TOTAL PERSONNEL &amp; MATERIALS/SERVICES</b>			
		<b>\$0</b>	<b>\$0</b>

**OTHER SOURCES OF REVENUE FOR THIS PROJECT:**

Funding Source	Amount
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00

**DETAILED BUDGET NARRATIVE:**

**WHAT PERCENTAGE OF THE ORGANIZATION'S TOTAL BUDGET IS SPENT ON FUNDRAISING AND OVERALL ADMINISTRATION?**

0%

## STATEMENT OF ASSURANCES/CERTIFICATION

Upon grant application acceptance and funding award, applicant agrees that financial records, support documents, statistical records, and all other records pertinent to the FY 2017-2018 Public Service Grant shall be retained for a period of three years after the close of the grant. All procurement transactions, regardless of whether negotiated or advertised shall be conducted in a manner that provides maximum competition. The grant recipient shall establish safeguards to prohibit employees from using their positions for a purpose that has the appearance of being motivated by a desire for private gain for themselves or others. All expenditures must have adequate documentation.

The applicant organization must comply with all Americans with Disabilities Act requirements. No person, on the basis of race, color, age, sex, religion, sexual orientation, physical disability, or nation origin, should be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under the project or activity funded in whole or in part by Berkeley County Charitable Contribution funds. Employment made by or resulting from this funding shall not discriminate against any employee or applicant on the basis of disability, age, race, color, sex, religion, sexual orientation, physical disability, or national origin. None of the funds, materials, property, or services provided directly or indirectly under the charitable funds shall be used for any partisan political activity, or to further the election or defeat of any candidate for public office. The applicant hereby certifies that the information submitted as part of this application is accurate and reliable. Any change/and or variation must be reported immediately to the County, otherwise funding may be withheld.

The [Berkeley County's Procurement Ordinance](#) has been reviewed and will be followed in the use of Berkeley County Charitable Contribution funds received by this organization.

I hereby certify that the funds the applicant organization may receive by Berkeley County will be used solely for the purposes set forth in this application and will comply with all laws, regulations and statutes requiring funds be used only for purposes as set forth in this application for grant funding.

<b>Name of Organization:</b>	
<b>Chief Executive Officer Signature:</b>	
<b>Title:</b>	
<b>Date:</b>	