

**Community Investment Application**  
**Fiscal Year 2026 (July 1, 2025 – June 30, 2026)**

**DEADLINE:** February 1, 2025

**MAIL TO:** Charleston County School District, Community Investment Funding Application  
3999 Bridge View Drive North Charleston, SC 29405; ccscschools.com; cfo@charleston.k12.sc.us

**If requested, presentations shall be no more than 5 minutes in length and should address the items listed below as well as the questions listed on page 2 of the application.**

1. Name of Applicant Organization: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Name of Project/Program: \_\_\_\_\_
4. Project Director: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email address \_\_\_\_\_
5. Applicant Category: (Check the description that best describes your organization)  
 Government Agency       Non-Profit       Private Business       Other
6. Please check which tax status applies to your organization:  
 Not-For-Profit as registered with the Secretary of State of South Carolina  
Date of Incorporation \_\_\_\_\_ Charter # \_\_\_\_\_  
 Federal Exempt Under IRS Code 501(c)  
Date of IRS Tax Exempt Determination Letter \_\_\_\_\_  
(Attach copy of letter)
7. Federal Employee Identification Number (EIN) \_\_\_\_\_  
(Please provide proof of Exemption Status and Federal Employee Identification Number)
8. Year organization was founded: \_\_\_\_\_ Year first started serving Charleston students: \_\_\_\_\_
9. Amount of Request: \_\_\_\_\_
10. Have you received funds from Charleston County School District previously?     Yes     No  
If yes, how much? \_\_\_\_\_ What Years? \_\_\_\_\_
11. Briefly describe your organization's mission, its goals, and its objectives.

12. Describe how your project/program will provide a benefit to Charleston County School District students.
  - a. Goal/benefit to District students.
  - b. Number of students served/impacted.
  - c. Other verifiable objectives.
  
13. Provide a detailed budget of expenditures and revenues. A recent financial report is required with this application.
  - a. What will it cost to execute this project/program and what amount is being requested? What is the **minimum amount requested** from CCSD?
    - i. List other sources of funding for this project/program, if applicable.
  - b. What percentage of your organization's operation is dependent on government funding?
  - c. What percentage of expenses are spent directly on programs?
  
14. Is other CCSD support requested during the year? If so, describe requirements expected including personnel and the estimated cost of such services.
  
15. Other comments for consideration.

Applicants must complete this application in its entirety. Supplemental information shall be no more than 2 pages in length. Projects submitted for consideration must demonstrate a relationship to or impact on CCSD students.

Applications will be reviewed annually during the District's budget process. Any proposed funding for applicants will be included in the District's Proposed Budget. If requested to appear before the Audit & Finance Committee, you will be notified.

**By signing this application, the applicant agrees to spend awarded monies as described in this application, not towards political activities, and will spend the monies by June 30, 2026. Otherwise, the applicant must return awarded monies to the District.**

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Project Director (SIGNATURE)

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Date

Name of Applicant Organization: \_\_\_\_\_

If you are a returning applicant, please complete the Performance Report below.

1. How much funding did you request in previous years from Charleston County School District?
2. How much did you spend?
3. Please list the ways funds were allocated or attach an expense report to your application.

Amount received:

Expenses:

4. Describe how your funding from Charleston County School District was used for the benefit of the students.
5. Provide the number of students served by your project/program. Indicate how many have been served or are anticipated to be served during a year.