



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

DEADLINE: January 30, 2026

MAIL TO: Charleston County School District, Community Investment Funding Application
75 Calhoun Street Charleston, SC 29401; ccsdschools.com; cfo@charlestoncountyschools.gov

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, 2027. Otherwise, the applicant must return awarded monies to the District.

Project Director (SIGNATURE)

Date

