

CBL State Savings Bank Foundation

2024 Grant Application

You may refer to the "2023 Grant Application Instructions" for clarification on each item and/or call Rhonda Turner at (864) 877-2054 to answer any questions. Please provide **all** information requested below. CBL State Savings Bank Foundation will begin accepting **completed** applications on **Tuesday, January 2, 2024**, during business hours. All applications must be received by **5:00 pm on Friday, March 29, 2024**.

I. General Information

1. Organization Information

Name _____

Physical Address _____

Mailing Address _____

Office Phone Number _____ Office Fax Number _____

Tax ID # (FEIN) _____

2. Whom should we contact regarding the grant?

Contact Name _____ Title _____

Contact's Cell Phone Number _____

Contact's Email Address _____

3. Is there a non-profit that is receiving the funds on behalf of the organization? Yes No
If yes, please provide the name, address and contact information of that non-profit:

4. What is the proposed use/purpose of the funds being requested?

5. What amount is being requested from CBL State Savings Bank Foundation? \$ _____

6. What is the Total Grant Budget? \$ _____

7. What is your Total Organizational Budget? \$ _____

8. What is the projected start date for the project/objective in which grant funding will be used? _____

9. What is the projected end date for the project/objective in which grant funding will be used?

10. Have you received funding from CBL State Savings Bank Foundation before?

Yes

No

II. Narrative

On a separate sheet of paper, please respond briefly and adhere to word limits.

11. Briefly summarize the history and purpose of your organization. *(Maximum of 100 words)*

12. Describe in detail the specific project for which grant funding is sought. *(Maximum of 250 words)*

13. List 1 – 3 specific outcomes for your project. *(Maximum of 100 words)*

14. List and describe any collaborations or partnerships with other organizations. *(Maximum of 50 words)*

15. Describe how the project will be sustained beyond CBL State Savings Bank Foundation funding. *(Maximum of 50 words)*

16. What makes this project compelling? What is its most significant impact? *(Maximum of 150 words)*

III. Required Attachments

Please provide the following attachments along with your completed application. Failure to provide the following documents may disqualify your grant application for consideration.

17. Overall Organizational Budget

18. Project Budget

19. Most Recent Form 990

20. List of Current Board of Directors and Executive Officers

IV. Acknowledgement Signature

I certify that the above and enclosed statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify my organization for grant consideration. I also understand that if my organization is selected to be a grant recipient, a member(s) of the CBL State Savings Foundation board may require a follow-up report (i.e. onsite visit, email or phone communication, etc.) to ensure the grant funds were properly used.

Signature

Date