

*This sample form is provided for informational purposes only. All submissions must be made through our [grant portal](#). No email or paper submissions will be accepted.*

Please note that the LOI form contains an Eligibility Quiz. You are responsible for determining your organization's eligibility. We will contact you if our findings do not agree with yours.

Requests may be made for \$250 to \$20,000, for special project and/or general operating support.

## LOI: Grants for the Common Good

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*Frances P. Bunnelle Foundation*

### **FOCUS AREAS ADDRESSED**

Spring Cycle (LOIs [due in January](#))

- Addressing the root causes of poverty: circumstances or inequities such as low literacy, teen pregnancy, inadequate parenting, or catastrophic life events.
- Encouraging positive youth development: access to opportunities, programs, and resources that help youth reach their full potential.

Fall Cycle (LOIs [due in July](#))

- Meeting basic human needs: subsistence needs such as food, clean water and sanitation, shelter, health care, safety, and clothing.
- Promoting economic vitality: promoting stable families, workforce development, and community wealth-building.
- Preserving the environment: the protection, preservation, management or restoration of natural resources.

### **ELIGIBILITY QUIZ**

This quiz will help you determine if your organization and/or your request are eligible for our Grants for the Common Good program. (We will verify your eligibility through various means.) If you determine you are not eligible, please do not fill out the remainder of the LOI form.

### **SECTION 1**

*Eligible organizations will be able to answer "yes" to all questions in Section 1.*

### **Tax Status\***

Is the applicant organization one of the following?

- Certified by the Internal Revenue Service as a public charity under section 501(c)(3), with the IRS determination letter in hand. Please note: If you have not received an IRS determination letter you are not eligible.

- A house of worship
- A government entity
- Using a fiscal sponsor with a Memorandum of Understanding in place between the two parties.

**Choices**

Yes  
No

**Service Area\***

Does or will the applicant organization serve residents of Georgetown County, South Carolina?

**Choices**

No  
Yes/Already does  
Yes/Will start to with this grant

**Bunnelle Foundation Mission Focus Areas Addressed in the Current Cycle\***

Please refer to "FOCUS AREAS ADDRESSED IN THIS CYCLE", above. Does the applicant organization provide services in one or more of the specified focus areas?

**Choices**

Yes  
No

**SECTION 2**

*Eligible organizations will be able to answer "no" to all questions in Section 2.*

**One Competitive Grant Allowed per Twelve Month Period\***

Has the applicant organization received a Bunnelle Foundation "Grant for the Common Good" in the past 6 months?

**Choices**

Yes  
No

**Political Activity\***

Is the applicant organization a political or lobbying organization?

**Choices**

Yes  
No

**Ineligible Activities\***

Is the activity proposed for funding a fundraising event or religious activity?

**Choices**

Yes  
No

## Debt to Third Party\*

Will the funding be used to pay off a debt or loan to another entity?

### Choices

Yes

No

If you have determined that your organization and/or request **are eligible**, please complete the remainder of this form. If you are not eligible, stop here.

## SUPPORT

If you need help, please contact [Amanda Young](#), Program Associate, or [Amy Downing](#), Program Officer, at 843-237-1222. We are happy to answer any questions you may have.

## TIPS ON USING THIS FORM

1. **SAVE OFTEN.** Things happen. Don't trust autosave. Periodically save a copy of your work by using the "Application Packet" link at the top of the form. This creates a PDF document of your work to serve as backup in case of data loss.
2. **COUNT.** All answers are limited by number of characters, which includes spaces. Use your software's Count Words/Count Characters feature to help.
3. **UPLOADING INSTRUCTIONS.** In various places in this form, you will need to upload documents. Follow these instructions:
  - a) Click the "Upload a file" button below the question.
  - b) Find the required document on your computer; double-click to upload it.
4. **SPELL CHECK.** Spelling matters. Some browsers, like Firefox and Chrome, will spell-check as you work.
5. **YOUR AUDIENCE.** We use community volunteers to help us evaluate proposals. Many will have no prior knowledge of your organization. Frame your proposal for them, even if you feel the Foundation knows you well.

## YOUR REQUEST

### Amount Requested\*

Specify \$250 to \$20,000. Round to nearest dollar.

*Character Limit: 20*

### Funding Type\*

Based on the following definitions, which type of funding are you requesting?

**General Operating Support** is funding directed to an organization's operations as a whole rather than to particular projects. Examples: salaries, administration, office expenses, marketing, utilities, etc. Also included in this category are capacity building proposals, which expand or enhance existing programs to serve more people or provide more services.

**Special Projects** launch new programs or help secure support from other funders. Salary expenses are allowable in Special Project proposals when a portion of staff time is spent working on the project.

## Choices

Special Project  
General Operating Support  
Both of the above

## Total Cost of Completing Project\*

If all or a portion of your request is for Special Project funding: Enter the total cost of completing your project, i.e., "Requested Amount" above + dollars from other sources. If your request is for General Operating Support only, enter 0. *Character*

*Limit: 100*

## Proposal Name\*

Name your request

*Character Limit: 100*

## Request Summary\*

Summarize your request. Give the reader a clear understanding of how the grant dollars will be used. *Character*

*Limit: 1500*

## Focus Area\*

Choose the area that best describes the focus of your request.

### Choices

Addressing the Root Cause of Poverty  
Encouraging Positive Youth Development  
Promoting Economic Vitality  
Preserving the Environment  
Meeting Basic Human Needs

## Focus Area Justification\*

Explain the reasoning behind your choice of focus area.

*Character Limit: 1000*

## Target Population\*

Who will benefit from your project or services, and how will they benefit?

*Character Limit: 1000*

## Need\*

What needs (or issues) do you see in the community that you want to address through this request? (Note that this question refers to **community** need or issues. Please do not use this space to tell us of your organization's need, for example: "We need to buy supplies." Instead, help us understand the underlying problem or problems that the supplies would help to solve.) *Character Limit: 1500*

## Meeting the Need\*

How will your organization go about meeting the needs or issues you described? *Character*

*Limit: 1500*

## Additional Information

If there is additional information about your organization or project that will help the Grant Allocations Committee better understand your request and its importance to the community, use this space to provide it.

*Character Limit: 1000*

## PROPOSAL BUDGET

### FIRST: Download Budget Form

1. [CLICK HERE TO DOWNLOAD THE BUDGET FORM.](#)

*Please do not use any form other than this one.*

2. When asked "Open or Save?", click *Save* and save it to your computer.

### SECOND: Upload Budget Form\*

1. Complete the Budget Form.
2. Save it again.
3. Upload it.

*File Size Limit: 5 MB*

## YOUR ORGANIZATION

### Mission\*

Provide the organization's mission statement.

*Character Limit: 500*

### Tax Status\*

Choose your organization's tax status.

#### Choices

501(c)(3) - with IRS approval letter

Using fiscal sponsor

Government entity

House of worship

### Organization's Annual Budget\*

Enter the total amount of the organization's most recent Board-approved annual budget. *Character*

*Limit: 20*

### Number of Residents Served\*

How many Georgetown County residents will be served **directly** by your organization in the nine-month grant period?

*Character Limit: 8*

## **Year Founded\***

Enter the 4-digit year your organization began operation. If your organization is a chapter of a national or regional organization, enter the year the local or organization began operation.

*Character Limit: 4*

## **History\***

Provide a brief history of the organization. *Character Limit: 500*

## **Your Organization's Leadership\***

- Give the name of the person responsible for your organization's overall success and his/her title.
- List his/her major responsibilities
- Indicate number of hours he/she works per week.
- Describe his/her qualifications, both education and experience.
- Is this a paid position?

*Character Limit: 1000*

## **Your Project's Leadership\***

- Give the name of the person responsible for the project's success and his/her title. If this is the same person as above, please note that and skip to "Number of Paid Staff."
- List his/her major responsibilities
- Indicate number of hours he/she works per week.
- Describe his/her qualifications, both education and experience.
- Is this a paid position?

*Character Limit: 800*

## **Number of Paid Staff\***

How many paid staff members (either full or part time) does your organization employ? *Character*

*Limit: 100*

## **FISCAL SPONSORSHIP**

*If you are not using a fiscal sponsor, please skip to "Next Steps" section.*

Fiscal sponsorship is used by organizations that do not yet have their IRS 501(c)(3) determination in place. A fiscal sponsor is a public charity that agrees to sponsor the charitable programs or activities of another. The fiscal sponsor is legally responsible for all funds contributed to it for the sponsored project and has complete discretion and control over the use of those funds.

If using a fiscal sponsor, specify name of sponsor.

*Character Limit: 50*

Please upload a letter or Memorandum of Understanding (MOU) that details the terms of the fiscal sponsorship agreement. It must be signed by both parties.

*File Size Limit: 5 MB*

*Make sure that your fiscal sponsor's correct Employer Identification Number (EIN) is specified in your organization's account setup. If it is not, please contact Amanda Young, Program Associate, at 843-237-1222 or [ayoung@bunnelle.org](mailto:ayoung@bunnelle.org) to correct it.*

## **NEXT STEPS**

***Two-step process.*** *The LOI is the first step in our two-step process. If your completed LOI is found to be of interest, we will invite you to prepare a full application. We will use email to notify you of our findings within 6 weeks of the end of the LOI Period.*

***Submit early.*** *Please submit your completed LOI as early as possible. The earlier you submit it, the better quality feedback we can give you, and you may want to make revisions.*

***Email confirmation.*** *After you click on the Submit button, you will receive an email confirmation from us within 24 hours. If you do not, please contact Amanda Young, Program Associate, at 843-237-1222 or [ayoung@bunnelle.org](mailto:ayoung@bunnelle.org).*

***Program Timeline.*** *Please review the [program timeline](#) for important dates.*

*Thank you for giving us the opportunity to support your work.*