



**Town of Kiawah Island Charitable Giving Application**  
**Fiscal Year 2015-2016**  
**APPLICATION DEADLINE: 3:00 p.m. on January 15, 2016**

**NAME OF APPLICANT** \_\_\_\_\_

Date of application: \_\_\_\_\_ Amount of request: \$ \_\_\_\_\_

Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_

Name and position of person submitting request: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Website address: \_\_\_\_\_

Applicant Category: Government Agency \_\_\_\_ Private Organization \_\_\_\_ Other \_\_\_\_ (Please Specify)

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) 3

Date of IRS Tax Exempt Determination Letter **(Please Attach)** \_\_\_\_\_

\_\_\_\_ Evidence of current filings with the Secretary of State's office as required under the Charitable Funds Act for your entity **(Required)**.

Federal Employee Identification Number (FEIN) \_\_\_\_\_ **(Required)**



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Briefly describe your organization's goals and objectives.

Briefly describe the proposed project, and how will it advance its programs and goals.

Date(s) of project/activity.

How will funding enhance the communities of Johns and Wadmalaw Islands or their surroundings?

What will it cost to execute this project and what amount is being requested? Provide detailed budget of expenditures and list other sources of funding if applicable.



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Other Comments:

If the Town provides funds, I agree to provide the Town of Kiawah Island a copy of the audited financial statements.

This organization assumes full legal responsibility for any suit or action at law or equity, and any or all claims arising from this project/activity, and do hereby indemnify and hold harmless the Town of Kiawah Island from any liability in any action at law or equity associated with its support for this project/activity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date

**Mail Completed Application To: Town of Kiawah Island  
Attn: Town Administrator  
21 Beachwalker Drive**



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Kiawah Island, SC 29455

<b>For Office Use Only</b>
Total Amount Requested: \$ _____
Action Taken by Ways & Means Committee: Date Approved _____ Amt _____
Denied _____
Notes: _____
_____
_____
_____