



TOWN OF HILTON HEAD ISLAND, SOUTH CAROLINA

Fiscal Year 2026 Affiliated Agencies Grant Application

All applications must be fully completed and submitted electronically to the Town of Hilton Head Island no later than 4:00 p.m. on Friday, February 14, 2025.

This application package includes the following:

1. Guideline for Applications
2. Affiliated Agency Funds Application
3. Application Submission

Applications will first be reviewed by Town Staff and Senior Staff. The Finance & Administrative Committee will then review the applications and will select agencies to make presentations outlining their funding request and answer any questions. Those selected will be notified by email (please make sure to provide a valid email address) of the day and time scheduled for its presentation. The Finance & Administrative Committee will, after its review, submit a recommendation on affiliated agency funding requests to Town Council as part of the annual fiscal year budget and adoption process.

The Committee requests each applicant adhere strictly to the guidelines and requirements provided herein.

Failure to correctly complete the application in its entirety may disqualify what may be an otherwise qualifying application.

GUIDELINES FOR APPLICATIONS FOR AFFILIATED AGENCIES FUNDS

NOTES REGARDING THE APPLICATION

The purpose of this program is to provide a transparent process to consider grant requests using public funds and to document the proposed public benefit of each funding request. It is the intention of this program to make limited grants to agencies and non-profit organizations providing services for public benefit that are not tourism related. Tourism grants and support is provided through ATAX grants administered by the Town ATAX committee. Affiliated Agency grants will be recommended by the Town Finance & Administrative Committee to Town Council annually. It is not the intention of this type of grant to be recurring. “Out of cycle” or “emergency” grant applications are discouraged.

Applications will be reviewed using the following criteria to determine if it serves a public purpose:

- 1. Is there a goal or benefit to the public by virtue of the project?**
- 2. Will public or private parties be the primary beneficiary?**
- 3. How speculative in nature is the project?**
- 4. On balance, what is the probability that the public interest will ultimately be served and to what degree?**

1. Summary of Requesting Agency

- a. Describe the organization, its mission and background
- b. Provide the full name, postal mailing address, email address and telephone number of a primary contact person, given the authority and responsibility to represent the application before the Committee, must be included in this section.
- c. List the organization’s current annual budget and the requested grant amount.

2. Description of Operations

- a. Describe the organization purpose/uses of requested funding and demonstrate how funding will provide public benefit.
- b. The description must state what is intended to be accomplished by the Affiliated Agency grant funds, and the source and amount of other funds to be committed to the project.
- c. Describe the impact to the organization should it not be fully funded for the fiscal year 2026 grant request.
- d. What are the future capital projects or changes in the service delivery scope that might impact future operations or financial requests?

3. Funding

- a. Provide a brief description on how the organization is currently funded.
- b. Provide a summary of current and previous governmental funding applied for, and/or received, for the prior two fiscal years and current.

4. Financials

- a. Provide copies of the prior two fiscal years audited financial statements
- b. Provide a copy of the current budget detailing all anticipated revenues and expenses.

5. Measuring Effectiveness:

- a. Please identify the project/operating objectives and budget
- b. Please identify how operational metrics will be tracked to demonstrate goal achievement.
- c. Please identify how the metrics accrue to a public benefit
- d. Please identify your service area and provide statistics of clients served
- e. Please identify any partner agencies
- f. Please identify a proposed/expected timeline to achieve objectives
- g. Please identify any partners/contractor comments
- h. Please identify any other sources of funding requested or received.

6. Submission Requirements:

- a. All funding requests are to be submitted electronically by Friday, February 14, 2025, via the Town's online Affiliated Agency Grant Application.

FY 2026

AFFILIATED AGENCY GRANT APPLICATION

For Office Use Only	Time Received:	By:
Date Received:		

Applications will not be accepted if submitted after 4:00 P.M. on February 14, 2025

A. Summary of Grant Request:

ORGANIZATION NAME: _____

Contact Name: _____ Title: _____

Address: _____

Email Address: _____ Contact Phone: _____

Total Budget: _____ **Grant Amount Requested:** _____

Provide a brief summary of the intended use of the grant and how the funding would be used.
(100 words or less)

B. DESCRIPTION OF OPERATIONS:

1. For reporting purposes, give a brief description of the organization. (250 words or less)

2. Describe in detail how the grant would be used. (250 words or less)

3. What impact would partial funding have on the activities if full funding were not received? What would the organization change to account for partial funding? (100 words or less)

4. What is the expected public benefit to these expenditures to the Island's citizens, visitors, and/or the Town? (100 words or less)

5. Additional comments (250 words or less)

FUNDING:

1. **Please describe how the organization is currently funded.** (100 words or less)

2. **Please also estimate, as a percentage, the source of the organization's total annual funding.**

_____ Government Sources	_____ Private Contributions, Donations & Grants
_____ Corporate Support, Sponsors	_____ Membership Dues, Subscriptions
_____ Ticket Sales, or Sales & Services	_____ Other

3. **Please provide a summary of previous governmental funding applied for, or received, for fiscal year 2025 and fiscal year 2026.** (100 words or less)

4. **Please provide a summary of other sources of funding sought or secured for this initiative.** (250 words or less)

D. FINANCIAL INFORMATION:

Fiscal year disclosure: Start Month: _____ End Month: _____

Financial Statement Requirements:

1. The upcoming year's operating budget for the organization.
2. The previous two years and current year profit and loss reports for the organization.
3. The previous two years and current year balance sheets.

E. MEASURING EFFECTIVENESS:

1. **List any award amounts received in fiscal year 2024 and/or 2025? How were those funds used? To what extent were your objectives achieved? (200 words or less)**

2. **What impact does this have on the success of the organization and how did it benefit the community? (200 words or less)**

3. **How does the organization measure the effectiveness of both the overall activity and of individual programs? (200 words or less)**

G. Executive Summary:

Provide an executive summary using the Effectiveness Measurement spreadsheet provided or your own format. If creating your own format, please refer to the Effectiveness Measurement sample spreadsheet and use the criteria as a guideline. (1300 words or less)



**AFFILIATED AGENCIES GRANT APPLICATION
TOWN OF HILTON HEAD ISLAND, SOUTH CAROLINA**

APPLICATION FINAL CHECKLIST

(Complete and return this list with the application)

- The application is being filed by the **February 14, 2025, 4:00 PM** deadline.
- We have reviewed and followed the application guidelines.
- We have supplied the requested Financial Data.
- We will be prepared to make a verbal presentation to the Committee and answer questions when we are scheduled to do so.

Please contact Michele Bunce at 843-341-4689

or email

micheleb@hiltonheadislandsc.gov

if you have any questions or concerns.