

**Town of Mount Pleasant  
Community Investment Application  
Fiscal Year 2020-2021**

**DEADLINE: February 3, 2020**

MAIL TO: Town of Mount Pleasant, Community Investment Funding Application  
100 Ann Edwards Lane Mount Pleasant, SC 29464; pburke@tompsc.com

**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: \_\_\_\_\_  
Street or P. O. Box / City / State / Zip Code
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       Eleemosynary       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 Town residents: \_\_\_\_\_
9. Amount of Request: \_\_\_\_\_
10. Have you received funds from the Town of Mount Pleasant previously?  Yes  No  
If yes, how much? \_\_\_\_\_ What Years? \_\_\_\_\_

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 the Mount Pleasant community and be consistent with the Town of Mount Pleasant's Comprehensive Plan. **Funding recipients must recognize the Town of Mount Pleasant as a sponsor on all promotional materials.**

Applications will be reviewed annually at a Town Council Committee meeting during the budget process. Once a meeting date is established, you will be advised of the date and time for a brief presentation.

**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, 2021. Otherwise, the applicant must return awarded monies to the Town.**

\_\_\_\_\_  
Project Director (SIGNATURE)

\_\_\_\_\_  
Date



Name of Applicant Organization: \_\_\_\_\_

If you are a returning applicant, please complete the Performance Report below.

1. How much funding did you request in previous years from the Town of Mount Pleasant?
2. How much did you spend?
3. Please list the ways funds were allocated or attach an expenditure/expense report to your application.

Amount received:

Expenditures/expenses:

4. Describe how your funding from the Town of Mount Pleasant was used for the benefit of the public.
5. Provide the number of residents served by your project/program.