



## **BERKELEY HALL CHARITABLE FOUNDATION (BHCF) GRANTS INFORMATION PACKAGE**

*The Berkeley Hall Charitable Foundation (BHCF), a nonprofit 501 (c) (3) organization, is administered by a voluntary Board of Trustees and the Berkeley Hall (BH) Board of Directors.*

### **Grant Application Criteria for 2021 Requests (Calendar Year 2022 Projects)**

The applying nonprofit organization is a legal 501(c)(3) registered in the State of South Carolina and the awarded funds must only be used to substantially serve the most vulnerable residents in the greater Bluffton community. Our focus this year, in light of the Covid-19 pandemic, will be essential services. If you have questions about your grant application, please contact the BHCF at (Bhcharitablefoundation@aol.com)

- The grant request amount for this cycle is \$15,000 or less.
- The committee may consider grant requests of more than \$15,000 for a “cross agency” collaborative project that addresses an urgent need or challenge and will have considerable impact on improving the lives and addressing the basic human needs of a significant number of the most vulnerable residents of the greater Bluffton community. The grant applications must be submitted by and signed by authorized representatives of all nonprofit organizations involved. Additionally, each nonprofit agency involved must submit the exhibits. However, if an agency has submitted required exhibits for their own agency’s individual grant request, that agency does not need to submit duplicate additional exhibits for the collaborative project, but should indicate in the collaborative grant request the location of the relevant required exhibits.
- Organizations may submit grant applications for multiple projects (no individual project to exceed a request of \$15,000). In that case, the organization must indicate the priority of each project, but only one copy of the exhibits is required.
- The grant request must clearly demonstrate that the proposed project will address *an urgent need or challenge* in the greater Bluffton community and will have *considerable impact* on improving the lives and addressing the basic human needs of a significant number of residents in the greater Bluffton community, especially those who are most vulnerable.
- The project is non-redundant with services offered by other local organizations and is creative and innovative.
- The grant request demonstrates how the project or program supports the BHCF’s mission.
- The project has good potential to deliver a strong return on the BHCF investment in the granting organization and its project.

### **Other Grant Cycle Information**

- The BHCF will not consider grants for schools, churches, libraries, colleges, hospitals, or scholarships.
- The BHCF will not consider grants to fund the purchase, rental, or maintenance of vehicles of any kind.
- The BHCF will not consider grants for the following:
  - General Administrative Expenses (except rent & salaries)
  - Capital Campaigns
  - Third Party Organizations such as foundations & trusts
  - Charities representing religious organizations
  - Political Action Committees or candidates

- Charities that employ discriminatory practices such as denial of or failure or refusal to provide services that are consistent with the BHCF's mission and/or the charity's stated mission to any person/s on the basis of race, religion, national origin, disability, political affiliation, ideology or age.
- Research
- Fundraising events
- Grants are monitored and evaluated semi-annually and annually using a BHCF specified format. The template is included in this package. Interim reports are due by July 31, 2022, and final reports are due by January 31, 2023. Please review this template and be certain you will be able to provide all requested information. Also note that failure to submit these required reports may jeopardize the organization's eligibility to receive additional future grant awards, and may result in grantee being required to return awarded funds.
- The BHCF requires that any funds awarded be used solely for the project described in the 2021 **Letter of Agreement** AND be used substantially to support our mission of serving residents of the greater Bluffton community. Through interim and final reporting, and via on-site visits, you must demonstrate that the grant awarded by BHCF has met these criteria. If the organization is unable to provide appropriate documentation that the funds were used in accordance with these criteria, you will be asked to return any improperly documented funds. .
- Upon notice of award, an organization will be required to sign and submit a letter of agreement which re-states the specific purpose of the grant and how funds will be used.
- All grant distributions are subject to final approval by the BHCF Trustees and the Berkeley Hall Club Board of Directors.
- **An organization will have until December 31, 2022 to expend the grant funding for this cycle.** Requests for changes to the initial agreement, including why the change is requested, must be submitted in writing to the Grants Committee for approval prior to the grantee's submission of the final report.

### **Grant Application Process**

- Access grant application package via the Berkeley Hall website: [www.berkeleyhallclub.com](http://www.berkeleyhallclub.com), click on the Berkeley Hall Charitable Foundation under **The Life** menu pulldown.
- To update and save information entered into this document you must FIRST download it and SAVE it to your desktop. To enter and save information, close out of the Berkeley Hall website, and reopen the document from your downloaded file.
- Direct questions to the BHCF Grants Committee ([BHcharitablefoundation@aol.com](mailto:BHcharitablefoundation@aol.com)).
- Completed grant applications with all required copies and exhibits are due to the BHCF Grants Committee by September 30, 2021 at 5:00 p.m. ET.

### **Key Elements of Grant Approval Process**

#### **1. Organization Sends Grant Application to the BHCF Grants Committee.**

The applicant delivers the finalized grant application on or before the due date of 5 p.m. ET, September 30, 2021 in person to the Berkeley Hall gatehouse, or via USPS mail or other delivery services (Berkeley Hall Charitable Foundation Grants Committee, 366 Berkeley Hall Blvd., Bluffton, 29909). Please provide one original application package with all required exhibits and "wet signature," and eight (8) additional copies of all materials. **If hand delivered to the gatehouse, please clearly mark your package to the attention of the Berkeley Hall Charitable Foundation Grants Committee and email us to advise us that you have done this.** Faxed or emailed applications are not accepted. If any required items are missing, if the application is incomplete, or if the application is received after the deadline, the grant application will be rejected.

**Note that if any of the required exhibits are available through The Giving Market Place, there is no need to copy and attach those items. Rather you can indicate that the exhibit(s) are available at <http://thegivingmarketplace.guidestar.org/> and indicate their location.**

- 2. BHCF Grants Committee Reviews Grant Applications.**
- 3. Grants Committee Prepares and Submits Final Recommendations for Grant Awards to the Berkeley Hall Charitable Foundation Trustees and to the Berkeley Hall Club Board of Directors for approval.**
- 4. Grants Committee Contacts Grantee.** A member of the Grants Committee will contact the grantee by phone followed by two copies of a Letter of Agreement, one copy to be completed and returned to the BHCF and one copy to be retained by the Grantee.

**Berkeley Hall Charitable Foundation Interim/Final Report Template  
Grants Awarded For 2022 Projects**

**Date:** \_\_\_\_\_

**CHECK ONE:**    \_\_\_\_\_ **Interim Report, Due July 31, 2022**  
                  \_\_\_\_\_ **Final Report, Due January 31, 2023**

Organization Name: \_\_\_\_\_

Please provide information relating only to the project named below. This must be a “cash basis” report and all information must be “as of” the date of the report above (either June 30 or December 31, 2022). This grant was paid in late 2021 so the information you provide must reflect only the period between the receipt of our check and the date of the report. (Essentially, we are saying that you could not spend our grant dollars for this project until you received the check from us.)

1. Name of the project: \_\_\_\_\_
2. Total cost of the project: \$ \_\_\_\_\_
3. The dollar amount funded by BHCF in the 2021 grant cycle: \$ \_\_\_\_\_
4. The dollar amount funded by BHCF in 2021 that has been spent to date: \$ \_\_\_\_\_
5. How many people have been served by this project to date? \_\_\_\_\_
6. How many vulnerable individuals residing in the greater Bluffton community have been served to date in this project by BHCF’s current year grant? \_\_\_\_\_
7. How many vulnerable individuals NOT residing in the greater Bluffton community have been served to date in this project by BHCF’s current year grant? \_\_\_\_\_
8. Using the format below (adding rows as necessary), indicate the towns in which the individuals served to date by BHCF’s current year grant reside. When you add the numbers entered in column 2 of the table below, they should equal the total of the numbers indicated in your answers to # 6 and #7 above:

Column 1 Name of Town	Column 2 Number of residents in that zip code served by BHCF funding

9. Using the format below (adding rows as necessary) list the activities paid for to date by BHCF’s 2021 grant. Note the total of the amounts entered in column 3 of the table below should be equal to the amount indicated in your answer to #4 above:

Column 1 Date	Column 2 Activity/Item	Column 3 Dollars Spent

10. Interim report only: If you anticipate any reason you may not utilize all funds by the end of the grant cycle, or if you anticipate you will not be able to use funds to substantially address the needs of vulnerable individuals in the greater Bluffton community, please provide information and a summary of your intended approach to resolve the problems or delays. (Note: all funds must be spent by December 31 of the project year).
11. Final report only: What measurable results have been achieved by this project during the grant year?
12. Please share a story of how this BHCF grant helped a project participant, using aliases as appropriate. We may use these stories to inform our members about how their donations are being used to help those most vulnerable.

**Please return this form via email to [bhcharitablefoundation@aol.com](mailto:bhcharitablefoundation@aol.com)**

## **Grant Timeline**

- August 31 Grants Committee extends an invitation via email to previous grant recipients indicating that the application is available on the Berkeley Hall website.
- Sept. 30 Grants Committee receives complete and final grant applications from organizations.
- Nov. 1-11 Grants Committee reviews grant applications and, based on available funds, makes recommendations to the Berkeley Hall Charitable Foundation Board of Trustees and the Berkeley Hall Board of Directors.
- Nov. 29 Berkeley Hall Charitable Foundation announces awards to grantees via phone followed by the acceptance letter.

**If you have any questions regarding the Berkeley Hall Charitable Foundation grant process, please contact the Foundation at:**

[BHcharitablefoundation@aol.com](mailto:BHcharitablefoundation@aol.com)

**BERKELEY HALL CHARITABLE FOUNDATION**  
**GRANT APPLICATION COVER SHEET**

*Please review your application to ensure that all the information is included.*

Today's Date: \_\_\_\_\_ Grant Amount Requested \$ \_\_\_\_\_

Total Project Cost \$ \_\_\_\_\_

Does the Total Project Cost exceed the grant amount requested? \_\_\_\_\_ (YES or NO)?

*IF YES, please provide details in Exhibit 1 (Project Budget Spreadsheet) as to where other required funds will be obtained.*

Project Name or Title: \_\_\_\_\_

BRIEF description of project (1-2 short sentences): \_\_\_\_\_

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**Is this a NEW project to your organization? (YES or NO)**

**Name of Your Organization** \_\_\_\_\_

**Federal Employer Identification Number (EIN)** \_\_\_\_\_

Physical Address of Your Organization \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Mailing Address for Your Organization \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name/Title of Contact Person \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email of contact person \_\_\_\_\_ Website \_\_\_\_\_

Indicate the address at which this project will be undertaken if different from the physical address above:

\_\_\_\_\_

Current number of employees \_\_\_\_\_ Current number of volunteers \_\_\_\_\_

Your organization's Total Annual Budget \$ \_\_\_\_\_

Total salaries and wages for employees (excluding Executive Director or equivalent): \$ \_\_\_\_\_

Annual salary for Executive Director (or equivalent): \$ \_\_\_\_\_

What percentage of your annual budget is allocated for administrative costs, excluding salaries and fundraising? \_\_\_\_\_%

**Your organization's mission:** \_\_\_\_\_

\_\_\_\_\_

1. Please indicate the projected number of people who will be DIRECTLY served by this project: \_\_\_\_\_
2. Please indicate the projected number of people **residing in the greater Bluffton community** who will be DIRECTLY served by this project: \_\_\_\_\_

**What demographic group or situation does your PROJECT serve? Select one that most closely applies to the goals of your project:**

Low Income Families: \_\_\_\_\_ Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Elderly/infirm: \_\_\_\_\_ Disabled/Sick: \_\_\_\_\_ Housing/Homelessness: \_\_\_\_\_:

Abuse prevention: \_\_\_\_\_ Education: \_\_\_\_\_ Other: \_\_\_\_\_ (please identify demographic group)

**I. Project Narrative: Succinctly address each of the following questions using this numbering system:**

1. Planned Activities: Describe the planned activities for the project this grant will fund.
2. Importance: Explain why this project is important and urgent, and why it should be addressed by your organization.
3. Capacity: Demonstrate that your agency has the capacity to take on the project.
4. Outcomes: What measurable outcomes do you anticipate this project will deliver in 2022. How will you measure the outcomes? What are the expected timeframes for realizing the outcomes? In this context “outcomes” are the specific changes in participant/client behaviors, knowledge, skills, status and level of functioning.
5. Community Impacts: Describe how the project outcomes outlined in #4 will advance our BHCF mission *to improve the lives of vulnerable individuals residing in the greater Bluffton Community*. What will be the positive impacts to the community? Impacts are the fundamental changes occurring in organizations, communities or systems as a result of the project outcomes.
6. Project monitoring: If you did not receive a BHCF grant award for this project in the previous calendar year, describe how you will track the funds to show they were used specifically for this project. Note that the BHCF will track the project through interim and final reports and via on-site visits.

*Insert information here OR ATTACH A DOCUMENT. Embed digital photographs of the project to be undertaken if this will help to inform the committee of the project’s urgent need.*

**II. Project Timeline:**

Assuming your grant request is funded by BHCF, please provide a timeline of the project, including when and how the BHCF grant would be used.

*Insert information here OR ATTACH A DOCUMENT.*

**III. Project Sustainability: Succinctly address the following using this numbering system:**

1. Specify how your organization would continue the project’s activities if partial funding is awarded from BHCF and/or if supplemental funding requested from other organizations is not obtained.
2. Specify your plans for continuing to finance the project at the termination of the BHCF grant (if applicable).

*Insert information here OR ATTACH A DOCUMENT.*

**IV. Project and Organizational Originality: Succinctly address the following:**

Describe how your project meets the following criteria: non-redundant with services offered by other local organizations, innovative, creative.

*Insert information here OR ATTACH A DOCUMENT.*

**V. Collaboration: Succinctly address the following:**

Describe how your project and/or your organization collaborates with other local agencies to improve the lives of the most vulnerable residents living in the greater Bluffton community.

*Insert information here OR ATTACH A DOCUMENT.*



***Exhibits - Please clearly label each exhibit:***

- Exhibit 1: Project budget spreadsheet (A SAMPLE AND INSTRUCTIONS ARE PROVIDED BELOW);
- Exhibit 2: A list of your current Board of Directors;
- Exhibit 3: Most recent Year End Financial Summary;
- Exhibit 4: A copy of the current year budget;
- Exhibit 5: Your most recent IRS Tax Exempt Letter along with your SC registration letter (the SC registration letter should be dated no more than 2 years ago);
- Exhibit 6: Immediate prior year Federal 990 tax return. Note: only one copy is required;
- Exhibit 7: One copy of your most recent Audit Report, if available; if not available explain why and submit that explanation as Exhibit 7.

**Note that if any of these exhibits are available through The Giving Market Place, there is no need to copy and attach those items. Rather you can indicate for that exhibit that the information requested is available at <http://thegivingmarketplace.guidestar.org/> and provide details on how and where it can be found.**

**Exhibit 1: Project Budget Spreadsheet Required Items:**

- 1) List EACH component of the project and associated total dollar amounts INCLUDING as a line item any salaries our grant would cover. As a separate line item, list any administrative costs (excluding salaries) our grant would cover, and identify what those administrative costs include.
- 2) Itemize the BHCF grant request assigning dollars to the various components.
- 3) Indicate the number of people residing in the greater Bluffton community who will be DIRECTLY supported by each component of the project. This number can be estimated, but not exaggerated. (For example, if you are requesting \$5,000 for people who cannot afford home repairs, the number of people served would be roughly \$5,000 divided by the expected average cost of each such home repair. If the clients you serve are mostly families, then you can multiply that result by the average family size of your clients, and indicate that you have done so.)
- 4) If the BHCF grant request does not cover the entire project cost, indicate the source of the needed supplemental funds. If supplemental funds are coming from other grant requests, indicate the status of each request.

**Exhibit 1:**

**Your project budget spreadsheet should look something like this SAMPLE.**

Budget Item	Total cost (per line item)	BHCF Portion (per line item)	Number of People in greater Bluffton community DIRECTLY served (per line item)	Additional Costs covered by (name each source of additional funding)	Dollar amount of additional funding each source is providing to this project	Status of Additional Funds
	\$	\$				
<b>Total</b>	\$	\$	N/A	N/A	\$	N/A

**The Berkeley Hall Charitable Foundation, in its continuing efforts to provide accountable stewardship to our community, our foundation and our donors, will require that any funds awarded be used solely for the project described herein AND be used substantially to support our mission of serving residents of the greater Bluffton community, especially those who are most vulnerable. Through interim and final reporting, and via on-site visits, you must demonstrate that the grant awarded by BHCF has met these criteria. Please be aware that if you are unable to provide appropriate documentation that the funds were used in accordance with these criteria, you will be required to return any improperly documented funds.**

*By signing below and submitting the application you attest to the following:*

- the accuracy of all information;*
- that you have read, understand, and agree to all the material contained in the BHCF Grants Information Package;*
- that you agree to provide reports to BHCF Grants Committee*
- that you agree to allow BHCF to visit your organization;*
- that you permit BHCF to share stories of your project with your community and with residents of the greater Bluffton community;*
- that the grant requested will be used solely for the project described in this application and will be used substantially to support our mission of serving residents of the greater Bluffton community, especially those who are most vulnerable.*

**Signatures:**

\_\_\_\_\_  
Organizational Leader (print name)

\_\_\_\_\_  
Board Chair or other named officer (print name)

\_\_\_\_\_  
Organizational Leader (signature)

\_\_\_\_\_  
Board Chair or other named officer (signature)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_