Organizational Information

If you are applying as a collaborative please note the information below needs to pertain to your fiscal agent or backbone agency.

Contact Information

*Organization/Collaborative Name:

*Telephone:

Website URL:

*Organization's EIN # *(no dashes please)*

*The Organization's Fiscal Year: (Begin date MM/DD/YYYY - End Date MM/DD/YYYY)

Mailing Address

*Street Address/P. O. Box:

*City:

*State:

Select

*Zip:

Main Address (*Physical Address*)

*Street Address:

*City:

*State:

Select

*Zip:

Executive Director Information

*Name:

*E-mail:

Direct Line / Extension:

*Cell Phone:

Board of Directors Chairperson

*Name:

*E-mail:

*Board Term *(month and year beginning)*:

*Board Term *(month and year ending)*:

Required Organizational Documentation

*

Organization's Mission Statement

Copy and paste your organization's mission statement here.

The organization must maintain current registration as a Charitable Organization with the South Carolina Secretary of State or have a current registration exemption from the South Carolina Secretary of State. If you have not received your updated letter as of the prequalification deadline, please scan your most recent confirmation letter, along with documentation the most recent information is under review by the Secretary of State's office.

*

Secretary of State Registration Letter

Please upload your CURRENT registration letter (as evidenced by the dates contained in the registration letter) or letter of exemption from the South Carolina Secretary of State:

Browse...

*

Board List

Please upload a copy of the current Board list (Must include name, phone number, address, e-mail address, AND their terms):

Browse...

*

The organization's board maintains and adheres to the written bylaws. The bylaws are reviewed at a minimum every five years.

○ Yes

Organizational Finances

*

990

Please upload a copy of your most recent 990. Make sure the document you upload is a copy of the **ACTUAL** 990 your organization submitted, including signiture and date at bottom:

Browse...

*

The organization has two (2) years of Financial Audits or generally accepted Financial Report documents as outlined below. Financial Reports/Reviews, and Audits provided MUST be the most recent board approved and within the last 12/24 months. All organizations that are audited must be able to include a copy of the management letter:

○ yes

*

Financial Report, Review or Audit

Please upload your most recent yearly standard financial report, third party review, or third-party audit, which is dependent upon the budget thresholds found below. Financial reviews, reports, or audits provided must be the most recent and **within the last 12 months**:

Browse...

Threshold to determine financial report, review or audit required:

- ***Gross Annual Revenue up to $300,000:*** *Audit Committee assigned by the governing board to issue a standard yearly financial report and signed by at least three members of the agency's board.*
- ***Gross Annual Revenue from $300,001 to $750,000:*** *Independent certified public accountant to issue a review that conforms to generally accepted accounting practices for voluntary health and welfare organizations.*
- ***Gross Annual Revenue from $750,001 and above:*** *Independent certified public accountant to conduct an audit that conforms to generally accepted accounting practices for nonprofit voluntary health and welfare organizations.*

*

Balance Sheet

Please upload your organization's most recent, board approved balance sheet:

Browse...

*

Statement of Financial Activity

Please upload your organizations, board approved statement of Financial Activity. This information MUST correlate with the above requested Balance Sheet. UWLC does not require that a standardized format be used. However, this document **must contain actual year-to-date financial information compared to budgeted year-to-date information:**

Browse...

Program Information

Save your work as you go!!

*You have the option to save your work and submit the application at a later time. Although the application has Auto Save, please be sure to click the **"Save"** button at the bottom of the application to save your work. There is a time-out feature for security purposes. If the page remains idle for too long, it will not save your work, and will require you to log back in.*

*Please complete the required fields. You may save and return to the application dashboard by clicking **Save and Return to Application**. You can return any time to complete the process.*

***Indicates required field**

Program Information

Program Name:

*

Please provide a detailed description of your program from point of contact through service delivery *(Max. 1000 word count)*:

Impact: Results Based Accountability (RBA's)

Instructions for Results Based Accountability (RBA's) section: Please keep responses brief. Quantitative data should be actual numbers and percentages. Narrative sections should be 3-5 sentences each.

*

The "Big Picture".

What condition of well-being is this program contributing to in the community?

*

A. HOW MUCH WILL WE DO?

(Outputs - # of participants, # of activities, # of services delivered)

EXAMPLE: Enroll and serve 100 youth, over a 12-month period.

*

B. HOW WELL WILL WE DO IT?

(Quality - How services will be delivered)

EXAMPLE: At least 90% of participants will complete the program and 95% of mentoring sessions will occur as scheduled.

*

C. WILL ANYONE BE BETTER OFF?

(Outcomes - Benefits to participants)

EXAMPLE: By the end of the grant, at least 75% of participants will demonstrate improved academic performance (by at least 5 points) as measured by surveys and school records.

Download

Download the template for the program budget form found in the link below and upload it after filling in all data accurately. this form must be used. Budgets provided in other formats will not be accepted or reviewed.

Program_Budget_Templateprotected.xlsx

Upload

Upload the completed Program Budget form here. In order to ensure reviewers can easily read the budgets provided, please make sure to view the document before saving it as a PDF:

Browse...

ELECTRONIC SIGNATURES:

The parties acknowledge that this agreement may be electronically signed. The parties agree that the electronic signatures found below are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

STOP!

Please DO NOT electronically sign before you have conducted a thorough review of the application and documents attached. If the wrong documents are provided, it could result in being deemed ineligible to receive funding.

I do hereby state that this document is submitted with the full support of the governing board. I have reviewed and approved this entire application, including all information and documents submitted.

*

Electronic Signature:

Uni

*

Date:

Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 07/16/2026 format).