

CBL STATE SAVINGS BANK
FOUNDATION

Grants



GRANT GUIDELINES
&
APPLICATION



APPLY TODAY.



Dear Community Partner,

On behalf of CBL State Savings Bank Foundation, it is my pleasure to invite your organization to apply for a Foundation grant. As a cornerstone of our mission, we are deeply committed to giving back to the communities we serve. Through our Foundation, we aim to support initiatives that make a meaningful and lasting impact, fostering growth, education, and opportunity for all.

The Foundation has a proud history of partnering with organizations like yours to address critical needs and promote community development. Whether it is through advancing education, supporting financial literacy, or empowering underserved populations, we are passionate about uplifting our neighbors and strengthening the fabric of our communities.

Enclosed in this packet, you will find the following:

1. **Grant Guidelines:** These outline the criteria and focus areas we consider for grant applications.
2. **Grant Application:** A comprehensive form to share details about your organization and the project for which you seek funding.
3. **List of Required Documentation:** Please review this checklist carefully to ensure your submission is complete.

To be considered, all completed applications and supporting documentation must be received by **March 14, 2025**. We encourage you to submit your materials early to avoid any last-minute issues.

We are excited about the possibility of partnering with your organization to make a positive difference. Should you have any questions about the application process, eligibility, or required documentation, please feel free to contact Rhonda Turner at rturner@mycbl.bank.

Thank you for your dedication to improving our community. We look forward to learning more about your initiatives and exploring ways we can support your efforts.

Warm regards,

A handwritten signature in black ink that reads "Jennifer Jones". The signature is written in a cursive, flowing style.

Jennifer T. Jones, Committee Chairman
CBL State Savings Bank Foundation



Grant Guidelines

CBL STATE SAVINGS BANK FOUNDATION

LEARN MORE: www.MyCBL.bank

The following instructions outline how to complete each item of the application, highlighting the specific information needed for the application process. You can refer back to this section for clarification at any time.

I. General Information

1. Organization Information

Provide the organization's name, physical and mailing address, office phone number, office fax number, and Tax Identification Number (FEIN).

2. Primary Contact

Identify the individual who will serve as the primary contact for all correspondence with the CBL State Savings Bank Foundation. Ensure their contact information is up-to-date and they are available to respond to any questions. If there is a change in the contact person during the grant process, promptly notify Rhonda Turner at rturner@mycbl.bank or 864-877-2054.

3. Fiscal Sponsor Information

If a non-profit organization will be receiving funds on behalf of your organization, please indicate so. Most applicants will answer "no" as they are registered non-profits. However, if your organization operates under a fiscal sponsor—a recognized IRS 501(c)(3) tax-exempt organization acting as a fiscal agent—check "yes," list the sponsor, and provide documentation showing their awareness and support of your application.

4. Purpose of the Requested Funds

Briefly describe how the requested funds will be used, such as for capital improvements, new or expanded programs, acquiring assets, etc. Further details can be provided in item #12.

5. Requested Amount

Specify the total amount of funding being requested from the CBL State Savings Bank Foundation.

6. Total Grant Budget

Indicate the anticipated cost of implementing the project for which funding is being requested.

7. Total Organizational Budget

Provide the total annual expense budget for your organization, including both operational and programmatic expenses.

8. Projected Start Date

State the expected start date for the project or objective that will utilize the grant funding.

9. Projected End Date

List the expected completion date for the project or objective funded by the grant.

10. Previous Funding

If your organization has received funding from the CBL State Savings Bank Foundation in the past, check “yes.”

II. Narrative

On a separate sheet of paper, please respond briefly and adhere to word limits.

11. Summarize the History and Purpose of Your Organization *(Maximum 100 words)*

Describe your organization’s vision, mission, ongoing programs, and impact on the community. Highlight why your organization is uniquely equipped to execute the program for which you are requesting funding.

12. Describe the Project for Which Funding is Sought *(Maximum 250 words)*

Provide a detailed description of the project, ensuring clarity for someone unfamiliar with it. Explain what you aim to achieve, why the project is necessary, and its impact on the target population. Include details such as the number of individuals directly or indirectly affected and additional resources required for successful implementation.

13. Outline Planned Outcomes *(Maximum 100 words)*

List up to three specific planned outcomes (goals or objectives) that reflect the benefits or changes your project will bring to the population served.

14. List of Collaborations and Partnerships *(Maximum 50 words)*

Identify any organizations or individuals collaborating on the project. Focus on those playing a significant role in ensuring its success. Include their contact information and level of commitment (e.g., joint applicant, existing partner, new partner, or potential partner).

15. Explain How the Project Will be Sustained Beyond Funding. *(Maximum 50 words)*

Describe the strategies or plans in place to ensure the program’s continuation or the lasting impact of its outcomes once the funding from the CBL State Savings Bank Foundation is fully utilized.

16. What Makes This Project Compelling? *(Maximum 150 words)*

Summarize your project, emphasizing its most significant impact on the community. Use anecdotes, statistics, past successes, or stories about individuals whose lives will be transformed to make a persuasive case.

III. Required Attachments

Please include the following attachments with your completed application. Failure to provide these documents may disqualify your grant application from consideration.

17. Overall Organizational Budget

Attach a complete budget for your organization’s current fiscal year. For national organizations, include only the budget specific to the local affiliate.

18. Project Budget

Attach a detailed budget for the project. Clearly specify how you plan to secure any additional funding required to complete the project.

19. Most Recent Form 990

Provide your organization's most recent Form 990. If the most recent fiscal year's Form 990 is unavailable, include a brief explanation. Organizations exempt from submitting tax returns (e.g., hospitals, school systems) should attach a statement clarifying the exemption.

20. List of Current Board Members and Executive Officers

Include a list of all current board members and executive officers responsible for overseeing your organization's operations and success.



Grant Application

CBL STATE SAVINGS BANK FOUNDATION

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You may refer to the "2025 Grant Application Instructions" for clarification on each item or contact Rhonda Turner at rturner@mycbl.bank or (864) 877-2054 to answer any questions. Please provide **all** information requested below. CBL State Savings Bank Foundation will begin accepting **completed** applications on **Thursday, January 2, 2025**. All applications must be received **by 5:00 pm on Friday, March 14, 2025**.

I. General Information

1. Organization Information

Name _____
Physical Address _____
Mailing Address _____
Office Phone Number _____ Tax ID # (FEIN) _____

2. Primary Contact

Contact Name _____ Title _____
Contact's Cell Phone Number _____
Contact's Email Address _____

3. Fiscal Sponsor Information

Is there a non-profit that is receiving the funds on behalf of the organization? Yes No

If yes, please provide the name, address, and contact information of that non-profit:

4. Purpose of the Requested Funds

- 5. Requested Amount \$ _____
- 6. Total Grant Budget \$ _____
- 7. Total Organizational Budget \$ _____
- 8. Projected Start Date _____
- 9. Projected End Date _____
- 10. Previous Funding

Have you received funding from CBL State Savings Bank Foundation before? Yes No

II. Narrative

On a separate sheet of paper, please respond briefly and adhere to word limits.

- 11. Summarize the History and Purpose of Your Organization. *(Maximum of 100 words)*
- 12. Describe the Project in Which Funding is Sought. *(Maximum of 250 words)*
- 13. Outline Planned Outcomes. *(Maximum of 100 words)*
- 14. List of Collaborations and Partnerships. *(Maximum of 50 words)*
- 15. Explain How the Project Will be Sustained Beyond Funding. *(Maximum of 50 words)*
- 16. What Makes This Project Compelling? *(Maximum of 150 words)*

III. Required Attachments

Please include the following attachments along with your completed application. Failure to provide the following documents may disqualify your grant application for consideration.

- 17. Overall Organizational Budget
- 18. Project Budget
- 19. Most Recent Form 990
- 20. List of Current Board of Directors and Executive Officers

IV. Acknowledgement Signature

I certify that the above and enclosed statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify my organization for grant consideration. I also understand that if my organization is selected to be a grant recipient, a member(s) of the CBL State Savings Foundation board may require a follow-up report (i.e., an onsite visit, email or phone communication, etc.) to ensure the grant funds were properly used.

Signature

Date

For Office Use Only

Applicant: _____

Date Received: _____

Application Complete: (Yes/No) _____

Award Amount: _____

Reviewed By: _____

Decision: (Approved/Denied) _____

Date Notified: _____