



## **Town of Hilton Head Island, South Carolina FY2027 Affiliated Agency Grant Application**

### **Program Purpose**

The Affiliated Agency Grant Program is established to provide financial support to Hilton Head Island organizations who:

1. Provide programs and services frequently offered through Government Departments in other municipalities.
2. Provide services that align with one or more Strategic Action Plan Goals:
  - Protect Island Character Through Managing Growth
  - Invest in Stormwater Management Infrastructure
  - Enhance Major Corridors and Streets
  - Enhance Public Safety Readiness and Facilities
  - Support Economic Development and Business Recruitment and Retention
  - Reinforce Island Resilience
  - Preserve, Protect, and Celebrate Gullah Geechee Culture and Heritage
  - Advance Workforce Housing Opportunities
  - Protect and Enhance Environmental Sustainability
  - Enhance Community Well-being Through Implementation of the Parks and Recreation Master Plan and Program Enhancements
3. Manage property owned by the Town of Hilton Head Island for a purpose that serves a public need.
4. Require funding from the Town of Hilton Head Island to provide these services, programs, and property management activities.



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### **Application Instructions**

Applications must be submitted by the due date each year in the approved format and include:

1. All required supporting documentation.
2. A copy of minutes from a meeting or meetings at which the organization's Board of Directors approved the budget and the fiscal year direction.
3. Public Purpose Doctrine analysis.
4. A line-item budget form that fully describes all aspects of the projected revenues and expenditures for the entire year.
5. If funding was awarded to the organization in prior years, a financial report with receipts and invoices must be submitted for the most recent three-year period during which funding was approved.

### **Submission Instructions**

Applicants must submit the full application package with all attachments via email to [affiliatedagencies@hiltonheadislandsc.gov](mailto:affiliatedagencies@hiltonheadislandsc.gov) no later than **3:00 PM on January 23, 2026**.

### **Town Contact Information**

Michele Bunce – Senior Grants Administrator  
E-mail: [micheleb@hiltonheadislandsc.gov](mailto:micheleb@hiltonheadislandsc.gov)  
Phone: 843-341-4689

### **Submission Checklist**

1. Completed Affiliated Agency Funding Application that includes:
  - A. Strategic Action Plan Goal Alignment
  - B. Public Policy Doctrine Analysis
  - C. Completed Affiliated Agency Budget Form
  - D. Signed Certification Form
2. Organizational Chart
3. List of Board Members by Role and Affiliation
4. Copy of IRS Tax State Determination Letter

**All applications must be received by January 23, 2026 at 3:00pm.**



## Town of Hilton Head Island, South Carolina FY2027 Affiliated Agency Grant Application

### Affiliated Agency Funding Application

#### **Applicant Information**

Name of Organization:	
Contact Name and Title:	
Email Address:	
Phone Number:	
Mailing Address:	
City, State, Zip Code:	
Street Address (if different):	
Website:	
Federal Employer Identification Number:	
Years the Organization has been in Operation:	

#### **Funding Request**

Funding Request Amount:	
Total Estimated Budget for Entity Requesting Funding	
Strategic Action Plan Goal Alignment	
Funding Request Description: <i>1-2 sentences</i>	

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### **Organization Background**

**Date Founded:**

**Date Designated as a Nonprofit:**

**Organization Governance (Board of Directors, Executive Director Trustees). Provide a copy of the organization chart.**

**Organization Mission:**

**Tax Status (select one):**

- Tax-exempt charitable organization 501(c)(3)
- Church/Religious organization
- Unincorporated association
- Other (specify organization type)

**Who in your organization is responsible for fundraising?**

- Staff
- Board of Directors
- Consultants
- Members/Volunteers

**Attach the following organizational documents:**

- Organizational Chart
- List of Board Members by Role and Affiliation



## **Town of Hilton Head Island, South Carolina FY2027 Affiliated Agency Grant Application**

### **Funding Request Detail**

Please provide a breakdown of FY2027 Expenses by programmatic and administrative/general expenses.

<b>Category</b>	<b>Programmatic Expenses</b>	<b>Administrative/ General Expenses</b>
Supplies		
Equipment		
Travel/ Training		
Personnel		
Marketing/ Promotions		
Other		
<b>Total Funds Requested</b>		

**Provide a summary of your funding request. How does your funding request support the goals of the Affiliated Agency Funding Program to provide critical services to Town of Hilton Head Island residents?**

**What is the financial need for requesting Town funds? If the requested amount has been increased compared to prior years, provide justification for the increase.**



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### **Project/Service Details**

How was the need for your services identified? Include accurate and verifiable statistical data to demonstrate the need for the service and/or program.

What is your organization's capacity to successfully implement the proposed service and/or program? Share staff qualifications, prior experience, etc.



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**Explain how your service and/or program is related to other community programs that address similar needs and serve similar populations. Highlight how your organization fills service gaps, avoids duplication, and collaborates with partner agencies.**

**Identify funding sources or fundraising strategy to sustain the organization in the future.**





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**Describe the timetable for utilization of requested funds.**

**How will you track and measure the impact achieved through services and programs funded using Town funds during the fiscal year to ensure accuracy when completing financial reports?**



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### Affiliated Agency Budget Form

#### Applicant's Overall Operating Budget

Fiscal Year (MM/DD/YYYY) from \_\_\_\_\_ to \_\_\_\_\_

Will your organization's FY2027 budget be different than FY2026 and prior years? Has the scope of your program offerings remained the same, expanded, or decreased since last year?

#### History of Funding Received from the Town of Hilton Head Island

Year	Source	Amount
2024	Affiliated Agency Grant	
	ATAX Grant	
	Capital Improvement Program	
	Value of Services (Accounting, payroll, etc)	
2025	Affiliated Agency Grant	
	ATAX Grant	
	Capital Improvement Program	
	Value of Services (Accounting, payroll, etc)	
2026	Affiliated Agency Grant	
	ATAX Grant	
	Capital Improvement Program	
	Value of Services (Accounting, payroll, etc)	

#### Additional Funding Sources Secured for the Requested Service/Program

Source	Amount



## Town of Hilton Head Island, South Carolina FY2027 Affiliated Agency Grant Application

**A. Contributed Income - Money or services given to you by outside parties without the expectation of direct goods or services in return.**

Source	FY 2024	FY 2025	FY 2026
Government Grants			
Municipal			
County			
State			
Federal			
Foundation Grants			
Contributions			
Memberships			
Other:			
<b>TOTAL CONTRIBUTED INCOME</b>			

**B. Earned Income - provide information for all that apply. - Money received in exchange for goods or services provided by you.**

Source	FY 2024	FY 2025	FY 2026
Fees / Sold Services			
Admission / Single Tickets			
Season Tickets / Subscription			
Tuition / Fees			
Workshops, Seminars, Lectures, etc.			
Publications			
Concessions and/or Merchandise			
Advertising			
Space Rental Fees			
Special Event Fundraisers			
Other:			
<b>TOTAL EARNED INCOME</b>			
<b>TOTAL COMBINED INCOME (A+B)</b>			



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**C. Expenses**

Source	FY 2024	FY 2025	FY 2026
Program Services			
Fundraising			
Personnel			
Uniforms			
Vehicles			
Scholarships			
Administration, Management, General			
Other:			
<b>TOTAL EXPENSES</b>			



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### **Certification Form**

I hereby certify that the applicant organization complies with all Americans with Disabilities Act requirements, and does not discriminate on the basis of race, color, age, sex, religion, sexual orientation, physical disability, or national origin, and that all funds that may be received by applicant organization from the Town of Hilton Head Island will be solely used for the purposes set forth in this application and will comply with all laws and statutes. In particular, organizations receiving Affiliated Agency Funding will comply with state regulations requiring organizations to be registered with the South Carolina Secretary of State's Division of Public Charities.

#### **Chief Executive Officer/ Executive Director**

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Signature

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Name and Title

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Date

#### **Chief Financial Officer/ Board Chairperson**

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Signature

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Name and Title

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Date