

TOWN OF IRMO

Mayor's Uplift Initiative

Application for Funds

About our Initiative:

The Mayor's Uplift Initiative supports Town of Irmo residents and the organizations that serve them. Funds are awarded to individuals and families experiencing hardship, as well as to nonprofits, schools, faith communities, and community groups whose programs strengthen Irmo. Applications are reviewed on a rolling basis. All information is kept confidential and used only to determine eligibility and need.

Section 1 — Applicant Type

Please select the category that best describes you. Then complete Section 2A (Individual / Family) OR Section 2B (Organization).

- Individual / Family Nonprofit Organization (501(c)(3)) School / Educational Group
- Faith Community Civic / Community Group Local Business or Partner

Other (specify):

Section 2A — Individual / Family Information

Complete this section if applying as an individual or family. Organizations skip to Section 2B.

Full Name:			
Date of Birth:			
Street Address:			
City / State / ZIP:			
Phone:		Email:	
Years in Irmo:		Household Size:	

Preferred contact method:

- Phone Text Email Mail

Section 2B — Organization Information

Complete this section if applying on behalf of an organization, school, faith community, or community group.

Organization Name:

Mailing Address:

City / State / ZIP:

Website:

EIN / Tax ID:	<input type="text"/>	Year Founded:	<input type="text"/>
501(c)(3)? (Y/N):	<input type="text"/>	Annual Budget:	<input type="text"/>

Primary Contact for this Application:

Contact Name & Title:

Phone: **Email:**

Briefly describe your organization's mission and the population you serve:

How does your organization currently serve Town of Irmo residents?

Section 3 — Financial Snapshot

Individuals / Families:

Total Monthly Household Income:	<input type="text"/>
Primary Source(s) of Income:	<input type="text"/>
Monthly Rent / Mortgage:	<input type="text"/>
Monthly Utilities (avg.):	<input type="text"/>
Outstanding Balances Owed:	<input type="text"/>

Are you currently receiving other forms of assistance? (Check all that apply)

- SNAP / Food Stamps TANF WIC
 Medicaid / Medicare Housing Assistance Unemployment

Other (specify):

Organizations:

Current Operating Budget (\$):

Total Funds Requested (\$):

Other Funding Sources / Grants:

Estimated # of Irmo Residents Served:

Section 4 — Use of Funds Requested

Indicate how the requested funds will be used. Check all that apply.

For Individuals / Families:

- Food / Groceries Utility Assistance Rent / Mortgage Support
 Medical / Prescription School Supplies Holiday / Seasonal
 Transportation Clothing / Household Essentials

For Organizations:

- Direct Aid to Families Program Operations Community Event
 Educational Programming Youth / Senior Services Food Distribution
 Workforce / Job Training Capital / Equipment Other (describe below)

Total amount requested (\$):

Section 5 — Statement of Need / Project Description

Individuals: Briefly describe your current situation and how this assistance would help your household.

Organizations: Describe the project, program, or initiative this funding will support, including goals, timeline, and the specific impact on Irmo residents.

Section 6 — Budget Detail (Organizations Only)

Itemize how the requested funds will be spent. Add a separate sheet if more space is needed.

Budget Item / Expense	Amount Requested	Other Funding Source
TOTAL REQUESTED		

Section 7 — Outcomes & Measures of Success

How will you measure the success of this assistance? (Individuals: how will this help stabilize your household? Organizations: what outcomes, metrics, or # of people served?)

Section 8 — Supporting Documentation

Please attach copies of two of the following with your completed application.

Individuals / Families:

- Photo ID (driver's license, state ID, or equivalent)
- Proof of Irmo residency (utility bill, lease, or mail)
- Most recent pay stub OR statement of benefits
- Bill(s), invoice(s), or estimate(s) related to your request
- Any referral letter (school, faith community, social worker, etc.)

Organizations:

- IRS Determination Letter (501(c)(3) status, if applicable)
- Most recent Form 990 or annual financial statement
- Current operating budget
- Roster of board members / leadership
- Proof of liability insurance (if applicable)
- Letters of support or partnership agreements (if applicable)

Section 9 — Applicant Certification

By signing below, I certify that:

- All information provided in this application is true and accurate to the best of my knowledge.
- I understand that providing false information may result in denial of assistance and ineligibility for future support.
- I authorize the Mayor's Uplift Initiative and the Irmo Police Department Community Foundation to verify the information provided.
- If awarded funds, I agree to use them solely for the purposes described in this application and to provide a brief follow-up report on outcomes upon request.

- I understand that submission of this application does not guarantee approval, and that funds are awarded based on need and availability.

Signature:

--

Printed Name & Title:

--

Organization (if applicable):

--

Date:

--