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**South Carolina Department of Disabilities and Special Needs  
Competitive Funding for FY \_\_\_\_\_ Special Projects:  
Statewide Consumer/Family Support Networks**

**Application**

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**Project Title:** \_\_\_\_\_

**Funding Requested:** \$ \_\_\_\_\_

**Applicant Organization:** \_\_\_\_\_

**Federal or Tax Identification Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**Project Director:** \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

FAX: (     ) \_\_\_\_\_

**Fiscal Administrator:** \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

FAX: (     ) \_\_\_\_\_





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**Project Implementation Activities**

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**Goal:** \_\_\_\_\_

**Objective:** \_\_\_\_\_

<b>List Activities</b>	<b>Person(s) Responsible</b>	<b>Target Date(s)</b>	<b>How the activity will be documented/evaluated</b>

**V. Project Budget**

Attach an itemized project budget with estimated expenditures reflecting all the funds requested from DDSN.

Indicate any other revenue that will be used for the proposed project, specifying the source and how it will be spent.

**VI. Budget Justification**

Attach a budget justification explaining each of the estimated expenditures. This should include how the budgeted amount was determined and why it is necessary for the project.

**VII. Certification**

The application must include the signature below of the President or Executive Director of the organization to certify that it is an official submission by the applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Typed or Printed

\_\_\_\_\_  
Title Typed or Printed

\_\_\_\_\_  
Date

**VIII. Submission**

The completed application and budget attachments (original and four copies) must be submitted by **May** \_\_\_\_, **20**\_\_ to:

Equila Kershaw, Budget Division  
SC Department of Disabilities and Special Needs  
PO Box 4706  
Columbia, SC 29240