

You can review the information you've provided so far and make necessary modifications here. If you're satisfied with the contents of the application, click Submit to forward your application for consideration. If you're not ready to submit your application yet, click Save & Finish Later.

My Contact Information

[Printer Friendly Version](#)

* Required before final submission

* First Name * Last Name

* Title * E-mail

* Office Phone Extension

Organization's Information

* Required before final submission

* Organization Name Also Known As

* Mailing Address

* City * State * Zip Code

* Annual Budget * Operating Expenses * Admin % United Way Funded?

* Executive Director SCE&G Employee(s) Serving On Your Board

Website Address * Year Founded

Organization's Mission/Services

* Required before final submission

* Organization's Mission Statement
(Please limit your mission statement to 50 words or less)

Word count 0 of 100

Geographic Area and Population Served
(Please limit your response to 50 words or less)

Word count 0 of 100

* Overview of Organization's Core Programs and Services
(Please limit your response to 200 words or less)

Word count 0 of 250

Funding Proposal

* Required before final submission

Program/Campaign/Event Details

* Program/Event/Campaign Title * Start Date * End Date

* Description
(Please limit your response to 200 words or less)

Word count 0 of 300

* Impact Expected
(Please limit your response to 50 words or less)

Word count 0 of 75

* Budget (total for program/event/campaign) * Other Secured Funding Sources & Amounts
Format: First Funder Name (Amount); Second Funder Name (Amount); etc

Contribution Requested From SCE&G

* Amount Requested

* Recognition or Ancillary Benefits
At this contribution level, please list any recognition or ancillary benefits that SCE&G would receive. If there are associated deadlines (e.g. printing, advertising, or RSVP deadlines), please note those.

* How This Contribution Would Be Used

Other Contribution/Sponsorship Levels Available
If applicable, please list other contribution/sponsorship levels available. You may attach information about recognition or ancillary benefits associated with these levels on the next tab.

Attachments

Uploaded Files

Title	File Name	Uploaded	Size
Copy of W9 IRS Form	ABC W9 Form.pdf	11/14/2011 12:20:09 PM	267 KB
Total size of uploaded files			267 KB
Available			25,333 KB