2025 Grant Application

Preview

Click HERE or use the QR code to complete the application

This document is a preview of the application.
Applications are accepted only online using the link or QR code above.
We do not accept applications by mail or email.

General Information and Eligibility

Grant Size & Priority Areas:

In 2025, the Foundation will award grants ranging from **$1,000** to **$40,000.** We consider grant requests for general operations, special projects, and capital improvements.

For 2025, the Foundation will focus on the following priority areas:

- Supporting Children's Education
- Supporting Children's Health & Children with Special Needs
- Providing Food / Feeding Services
- Providing Basic Needs, Homeless Support & Prevention

Requests falling outside these areas cannot be considered in the current cycle, but you are welcome to revisit future grant opportunities.

Preference will be given to organizations that:

- Engage with The InterTech Group employees as volunteers, advisors, or board members, and
- Serve the local communities where The InterTech Group operates.

Eligibility Requirements:

Federal charitable status:

- Public charity under §501(c)(3) and §509(a)(1) or (2)
- Qualifying supporting organization under §509(a)(3)
- Governmental unit / educational institution under §170(b)(1)(A)

Prohibited use of funds – Grant dollars **will not** be used for:

- Partisan political activity or excessive lobbying
- Grants to individuals
- Activities that benefit insiders
- Any purpose prohibited by law

General Information and Eligibility (continued)

About the Grant Application Form:

- While completing the online form, you may save your progress. Upon completion of each page, a "Save" button will appear. You will receive an email with a personal link so you can return and finish within 30 days.

- The following documents will be requested during the grant application process:
  - IRS Form W9
  - Copy of the first page of I.R.S. designation letter (if applicable)
  - Financial statements
  - Current operating budget

- An asterisk (*) indicates that the question is conditional and will only appear if relevant, based on previous responses.

- The grant application must be completed online. We do not accept paper submissions or scans/email.

2025 Grant-Cycle Timeline:

Application deadline	9/30/2025
Finalists notified	10/31/2025
Award decisions communicated	11/18/2025
Grant funds released	12/12/2025

**Dates are tentative and subject to change.*

General Information and Eligibility (continued)

Questions:

Please choose the one area that BEST describes the focus of your request:

◯ Supporting Children's Education
◯ Supporting Children's Health / Children with Special Needs
◯ Providing Food / Feeding Services
◯ Providing Basic Needs / Homeless Support and Prevention
◯ None of the above

Which educational focus best matches this request? *

◯ Early-childhood / Pre-K readiness
◯ K-5 literacy or tutoring
◯ STEM or arts enrichment (grades K-12)
◯ After-school / summer learning
◯ College & career readiness (grades 9-12)
◯ Parent / caregiver education support
◯ Special needs support
◯ Other educational focus (please specify)

What type of health or special-needs support will the grant fund? *

◯ Mental-health counseling & resilience programs
◯ Physical / preventive health clinics or screenings
◯ Therapeutic services (OT / PT / speech)
◯ Medical equipment or adaptive technology
◯ Nutrition & healthy-lifestyle education
◯ Inclusive recreation / adaptive sports
◯ Inclusive / adaptive support for children with special needs
◯ Other child-health focus (please specify)

Which food-security activity best describes the project? *

◯ Food-pantry groceries / bulk distribution
◯ Hot meals or soup-kitchen service
◯ Backpack / weekend meals for students
◯ Mobile food delivery to homebound clients
◯ Food-rescue & redistribution (gleaning)
◯ Nutrition-skills education / cooking classes
◯ Other food-service activity (please specify)

General Information and Eligibility (continued)

What is the primary basic-needs or homelessness service provided? *

◯ Emergency shelter or crisis housing
◯ Transitional / supportive housing
◯ Rent, utility, or eviction-prevention aid
◯ Street outreach & case management
◯ Hygiene supplies, showers, or laundry access
◯ Employment readiness or financial coaching
◯ Other basic-needs focus (please specify)

About Your Organization

Legal Organization Name: _____
Doing-Business-As (DBA) / Other Names: _____
Year Founded: _____
IRS Employer Identification Number (EIN): _____

Entity Type:

◯ Public charity (§501(c)(3) or §509(a)(1)/(2))
◯ Supporting organization (§509(a)(3))
◯ Public educational institution under §170(b)(1)(A)
◯ Governmental unit / organization
◯ Other

Upload IRS Designation Letter, if applicable [Upload optional – PDF Format only]

Upload IRS Form W9 [Upload required – PDF Format only]

About Your Organization (continued)

Contact Information

Mailing / Legal Address:
Street Address: _____
Street Address Line 2: _____
City: _____ State: _____
Zip Code: _____

Is your physical address the same as your mailing/legal address?
◯ Yes ◯ No

Physical Address: *
Street Address: _____
Street Address Line 2: _____
City: _____ State: _____
Zip Code: _____

Organization Primary Phone Number: _____

Organization Website URL: _____

Primary Contact Name: _____

Primary Contact Title: _____

Primary Contact Phone Number: _____

Primary Contact Email: _____

Executive Director (*or equivalent*) Name: _____

Executive Director E-mail Address: _____

About Your Organization (continued)

Mission and Programs

Provide your organization's mission statement (500 character limit)

Core Program(s) Overview - Briefly describe the main program(s) your organization operates. (500 character limit)

Select one answer below that BEST describes your geographic area served by your organization as a whole:

◯ My organization serves global communities
◯ My organization serves the entire United States of America
◯ My organization serves the southeastern United States
◯ My organization serves the state of South Carolina
◯ My organization serves the Tri-County SC region (Charleston, Berkeley, and/or Dorchester Counties)
◯ My organization serves Charleston County
◯ My organization serves Berkeley County
◯ My organization serves Dorchester County
◯ My organization serves specific city/s or town/s within the Tri-County SC region
◯ Other (i.e., Greenville SC area, Charlotte NC area, etc. – please specify)

Does your organization focus on specific beneficiary groups?
(select all that apply)

☐ We target beneficiaries based on age (children, youth, etc.)
☐ We target beneficiaries based on gender identity (women/girls, men/boys, LGBTQIA+, etc.)
☐ We target beneficiaries based on race / ethnicity (black/African American, Hispanic/Latino, etc.)
☐ We target beneficiaries based on religion (those who are Christian, Jewish, Muslim, etc.)
☐ We target beneficiaries based on military experience (veterans, enlisted, etc.)
☐ We target beneficiaries based on those with disabilities
☐ We target beneficiaries based on refugee/immigrant status
☐ We target beneficiaries based on income level (those below the poverty line, 200% of poverty, etc.)
☐ No, we do not serve specific groups. We target a broad range of beneficiaries.
☐ Other specific beneficiary group: _____

About Your Organization (continued)

Mission and Programs (continued)

Estimated number of people served annually by your organization:

◯ Fewer than 100 people
◯ 100 – 499 people
◯ 500 – 999 people
◯ 1,000 – 4,999 people
◯ 5,000 – 9,999 people
◯ 10,000 – 50,000 people
◯ 50,000 – 99,999 people
◯ 100,000 or more people

Staffing & Governance

Number of full-time staff:

◯ None (0)
◯ 1 – 4
◯ 5 – 9
◯ 10 – 19
◯ 20 – 34
◯ 35 – 49
◯ 50 – 99
◯ 100 – 500
◯ 500 or more

Number of part-time staff:

◯ None (0)
◯ 1 – 4
◯ 5 – 9
◯ 10 – 19
◯ 20 – 34
◯ 35 – 49
◯ 50 – 99
◯ 100 – 500
◯ 500 or more

About Your Organization (continued)

Staffing & Governance (continued)

Number of regular volunteers *(engaged ≥ once a month):*

◯ None (0)
◯ 1 – 4
◯ 5 – 9
◯ 10 – 19
◯ 20 – 34
◯ 35 – 49
◯ 50 – 99
◯ 100 – 500
◯ 500 or more

Number of irregular volunteers *(engaged once per year, etc.):*

◯ None (0)
◯ 1 – 4
◯ 5 – 9
◯ 10 – 19
◯ 20 – 34
◯ 35 – 49
◯ 50 – 99
◯ 100 – 500
◯ 500 or more

Number of board members: _____

Enter board member details:

_____

_____

_____

(first name, last name, title, and affiliation)

Note: If your board has more than 10 members, please list only key individuals, such as officers or members of the executive committee (or their equivalent).

About Your Organization (continued)

Finances

Total operating budget for the last fiscal year:

◯ None ($0)
◯ Under $10k
◯ $10k – $49k
◯ $50k – $99k
◯ $100k – $249k
◯ $250k – $499k
◯ $500k – $999k
◯ $1m – $5m
◯ $5m or more

Enter approximate percentages for each source of funding listed below for the last fiscal year (allocate percentages to each, must total 100%):

Private / family foundations	____%
Corporate foundations / CSR programs	____%
Community foundations	____%
Government – Federal	____%
Government – State	____%
Government – Local	____%
Faith-based foundations	____%
Individual donations	____%
Other	____%

Approximate number of distinct grants/gifts greater than $1,000 in the last year:

◯ 0
◯ 1 – 5
◯ 6 – 25
◯ 26 – 100
◯ 101 – 250
◯ 251 – 1,000
◯ More than 1,000
◯ Not sure / we don't track this information

About Your Organization (continued)

Finances (continued)

Approximate largest single grant/gift size last year:
◯ None ($0) or N/A
◯ Under $5k
◯ $5k – $14k
◯ $15k – $49k
◯ $50k – $99k
◯ $100k – $249k
◯ $250k or more
◯ Not sure / we don't track this information

Current cash and cash equivalent reserves:
◯ No cash reserve
◯ < 1 month of expenses
◯ 1 – 3 months
◯ 4 – 6 months
◯ > 6 months

Can you provide financial statements?
◯ Yes
◯ No (explain): _____

Type of the most recent annual financial statements available:
◯ Audited/review/compiled financial statements (audited by third party CPA)
◯ Internally-generated financial statements (internally generated – no third party CPA involvement)

Attach copy of most recent annual financial statements here: [Upload required if previous question marked yes – *pdf, doc, docx, xls, xlsx, or zip*]

Do you have an operating budget for the current year?
◯ Yes
◯ No (explain): _____

Attach copy of most recent operating budget here: [Upload required if previous question marked yes – *pdf, doc, docx, xls, xlsx, or zip*]

About Your Organization (continued)

Affiliations

To the best of your knowledge, does your organization currently engage with any current or past employees of The InterTech Group *(members of your board, active volunteers, active advisors, etc.)?*
◯ Yes ◯ No

Describe: (First name, last name, in what capacity)

To the best of your knowledge, has your organization previously engaged with any current or past employees of The InterTech Group?
(members of your board, active volunteers, active advisors, etc.)?
◯ Yes ◯ No

Describe: (First name, last name, in what capacity)

To the best of your knowledge, does your organization have any current or prior affiliation with The InterTech Group?
◯ Yes – current affiliation (please describe the relationship)
◯ Yes – prior affiliation (please describe the relationship)
◯ No

To the best of your knowledge, does your organization have any current or prior affiliation with the Zucker family?
◯ Yes – current affiliation (please describe the relationship)
◯ Yes – prior affiliation (please describe the relationship)
◯ No

To the best of your knowledge, has your organization received any grants or other funding from The InterTech Group or The InterTech Group Foundation in the past?
◯ Yes – we have received funding/grants from The InterTech Group (describe previous funding)
◯ Yes – we have received funding/grants from The InterTech Group Foundation (describe previous funding)
◯ Yes – we have received funding/grants from both The InterTech Group & The InterTech Group Foundation (describe previous funding)
◯ We have NOT received funding/grants in the past

About Your Grant Request

Please choose the one area that BEST describes the focus of your request:
◯ Specific Program Support
◯ Capital Campaign / Building Support
◯ General Operating Support

Project / Program Name or Title for Which Funding is Being Requested:_____

Amount Requested: _____
Enter amount ranging from $1,000 to $40,000. No dollar signs or commas are required.

Total Cost of Program / Project: _____
Total cost of program or project, including amounts requested above.

Partial funding accepted?
◯ Yes – I'll accept partial funding
◯ No – I need my full requested amount only

If there is a difference between the amount requested and the total amount needed, what source(s) will make up the difference?
(select all that apply)
☐ Committed Funds
☐ Pending Funding / Commitments
☐ Undetermined
☐ Other: _____

Project / Program Funding Start Date: _____
Project / Program Funding End Date: _____

About Your Grant Request (continued)

Provide specifics on beneficiary groups for this grant: ***(select all that apply)***

☐ Based on age (children, youth, etc.)
☐ Based on gender identity (women/girls, men/boys, LGBTQIA+, etc.)
☐ Based on race / ethnicity (black/African American, Hispanic/Latino, etc.)
☐ Based on religion (Christian, Jewish, Muslim, etc.)
☐ Based on military experience (veterans, enlisted, etc.)
☐ Based on those with disabilities
☐ Based on refugee/immigrant status
☐ Based on income level (below the poverty line, 200% of poverty, etc.)
☐ This grant does not target any specific beneficiary group
☐ Other (describe): _____

Age-Based Beneficiaries ***(select all that apply)*** *

☐ Children (0 – 12)
☐ Youth / Teens (13 – 17)
☐ Young Adults (18 – 24)
☐ Adults (25 – 64)
☐ Older Adults (65+)
☐ Multiple age groups
☐ Prefer not to specify

Gender Identity-Based Beneficiaries ***(select all that apply)*** *

☐ Women / Girls
☐ Men / Boys
☐ Non-binary or Gender-diverse individuals
☐ LGBTQIA+ community (all identities)
☐ All genders equally
☐ Prefer not to specify
☐ Other: _____

Race / Ethnicity-Based Beneficiaries ***(select all that apply)*** *

☐ Black / African American
☐ Hispanic / Latino / Latina / Latinx
☐ Asian / Asian American / Pacific Islander
☐ Native American / Alaska Native
☐ White
☐ Multiracial or Other
☐ All races / No single majority
☐ Prefer not to specify
☐ Other: _____

About Your Grant Request (continued)

Religion-Based Beneficiaries *(select all that apply)* *

☐ Christianity
☐ Judaism
☐ Islam
☐ Buddhism
☐ Hinduism
☐ Interfaith / Multi-faith
☐ Secular (no religious focus)
☐ Other: _____

Military Experience-Based Beneficiaries *(select all that apply)* *

☐ Active-duty service members
☐ Veterans (all eras)
☐ National Guard / Reserve members
☐ Transitioning service members (within 12 months of separation)
☐ Military spouses / partners
☐ Military children / dependents
☐ Gold Star families (survivors of the fallen)
☐ Multiple military-affiliated groups
☐ Prefer not to specify
☐ Other: _____

Disability-Based Beneficiaries *(select all that apply)* *

☐ Physical / mobility disabilities
☐ Sensory disabilities (blind / low vision, Deaf / hard of hearing)
☐ Intellectual or developmental disabilities
☐ Learning disabilities (e.g., dyslexia, ADHD)
☐ Mental-health or psychiatric disabilities
☐ Chronic illness / invisible disabilities
☐ Multiple disability types
☐ Prefer not to specify
☐ Other: _____

About Your Grant Request (continued)

Refugee / Immigrant Status-Based Beneficiaries *(select all that apply)* *

☐ Refugees (formally resettled)
☐ Asylum seekers / asylees
☐ Recent immigrants (arrived ≤ 5 years ago)
☐ Long-term immigrants / naturalized citizens
☐ Undocumented immigrants
☐ DACA recipients / "Dreamers"
☐ Seasonal or migrant workers
☐ Multiple immigration statuses
☐ Prefer not to specify
☐ Other: _____

Income Level-Based Beneficiaries *(select all that apply)* *

☐ Extremely low income (<30% of Area Median Income or below federal poverty line)
☐ Very low income (30 – 50% AMI or ≤100% FPL)
☐ Low income (50 – 80% AMI or 100 – 200% FPL)
☐ Moderate income (80 – 120% AMI or 200 – 400% FPL)
☐ Multiple low-/moderate-income groups
☐ Prefer not to specify
☐ Other: _____

Select one answer below that BEST describes your geographic area you intend to serve <u>with this grant</u>:

◯ With this grant, we intend to serve global communities
◯ With this grant, we intend to serve the entire United States of America
◯ With this grant, we intend to serve the southeastern United States
◯ With this grant, we intend to serve the state of South Carolina
◯ With this grant, we intend to serve the Tri-County SC region (Charleston, Berkeley, and/or Dorchester Counties)
◯ With this grant, we intend to serve Charleston County
◯ With this grant, we intend to serve Berkeley County
◯ With this grant, we intend to serve Dorchester County
◯ With this grant, we intend to serve specific city/s or town/s within the Tri-County SC region
◯ Other (i.e., Greenville SC area, Charlotte NC area, etc. – please specify):
_____

About Your Grant Request (continued)

In your own words, summarize the purpose of your request. Please be specific – include the who, what, when, where, why and how of this request in order for the reader to have a clear understanding of what grant dollars would support. (2,000 character limit)

In your own words, describe two or three measurable outcomes for this grant/program you will track to determine success. (2,000 character limit)

In your own words, describe any research, evaluations, or accreditations that support your approach for this grant/program. (2,000 character limit)

In your own words, describe any challenges you foresee with your approach on this grant/program, and how you intend to address them (2,000 character limit)

Is there anything else you would like us to consider as part of your grant application? (2,000 character limit)

Are there any other documents you would like to submit as part of your grant application? If so, please attach here. [Upload optional – PDF Format only]

[Opportunity for review / save before final submission]

Thank you!