



## NON-PROFIT APPLICATION FOR ARPA FUNDING

This program is intended to provide supplemental funding for non-profit organizations with funds received from the American Rescue Plan Act per the following category: Non-profits. Assistance to non-profit organizations, including loans, grants, in-kind assistance, technical assistance or other services, that responds to the negative economic impacts of the COVID-19 public health emergency.

### QUALIFICATION QUESTIONS:

If you answer NO to any of the following questions, then your organization does not qualify for this grant.

Is the non-profit in good standing and registered with the state of South Carolina?

Yes                      No

Is the non-profit in good standing with Pickens County, i.e. currently free from default or delinquency on any loans on any taxes, fees or other charges owed?

Yes                      No

Does the non-profit maintain a physical location/address in Pickens County (PO Boxes not acceptable)?

Yes                      No

Has the non-profit suffered adverse economic impacts from COVID-19 or other related circumstances that impact the non-profit's ability to provide programs and/or services AND has the documentation to verify these impacts?

Yes                      No

Have you applied for other Federal or State COVID-19 funding (loans and/or grants) to date?

Yes                      No

If yes, please list and provide status.

**ORGANIZATION PROFILE**

Organization Name: \_\_\_\_\_

Tax ID/EIN: \_\_\_\_\_

Street Address/Physical Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Nonprofit: (*service provided:*) \_\_\_\_\_ Year established: \_\_\_\_\_

Current number of employees: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Facility Size: \_\_\_\_\_ Square Feet N/A

501(c): \_\_\_\_\_

Please describe any adverse impacts COVID-19 has had on your organization and how your organization plans to use the ARPA funds (attach additional pages if necessary):  
(MUST COMPLETE THIS QUESTION TO BE ELIGIBLE FOR FUNDING)

Please describe how you will use the funds, if awarded, in accordance with any of the following goals of Pickens County Council:

- 1) Provide efficient essential services
- 2) Protect and enhance our unique nature
- 3) Promote a culture of public service
- 4) Deliver prompt and effective emergency response
- 5) Strengthen our resilient local economy

## **SOUTH CAROLINA FREEDOM OF INFORMATION ACT DISCLOSURE**

I understand that any document deemed a public record by said law is subject to disclosure in response to a request under said law. (Please initial with your legal, typed or inked initials).

Applicant Initials:

By signing this application, I certify the following under penalty of perjury:

1. The information contained in this application is true and complete to the best of my knowledge, information and belief.
2. I understand that funds may NOT be used for: activities that promote a religious doctrine; payment of debts or legal settlements; political or partisan purposes; or funding to schools and/or public agencies that would supplant tax supported mandated services.
3. I agree to maintain documentation for five years following generally accepted accounting principles for how the funds are expended, including but not limited to financial records, or receipts.
4. I understand and agree that records of how grant funds are used must be produced promptly upon receiving a request from the federal government, the State of South Carolina or Pickens County and are subject to audit.
5. I understand and agree that if I receive a grant and I do not use all of the funds for authorized purposes, I will return those funds.
6. I understand and agree that if I receive a grant and it is determined that I have used the funds for a purpose which is not authorized by the American Rescue Plan Act, I will return those funds.
7. I understand and agree that if the nonprofit, which is currently operating, closes permanently before receiving the grant or, if the organization is currently closed and does not open within 30 days I must return the grant.
8. I agree to indemnify and hold harmless Pickens County, its directors, officers and employees, for any grant funds the organization receives from Pickens County that the federal government, the State of South Carolina or Pickens County determines were not used for eligible expenditures.
9. I certify that I have the authority to legally bind the organization.

## **APPLICANT SIGNATURE**

By signing below, the applicant represents, warrants and certifies that the information provided herein is true, correct, and complete. I also understand that this application, combined with award of a grant, constitute a binding contract which may be executed in counterparts and shall be deemed a valid original instrument if delivered electronically (e.g., facsimile, PDF, ink or digital stamp, etc.).

Authorized Signer/Owner

Date

Print Name

Organization Name

## SUPPORTING DOCUMENTATION

- Fully-completed (typed) application (handwritten applications will not be accepted);
- Form 990 from 2020 tax filing or other official documentation verifying IRS Nonprofit designation;
- Completed W9 form;
- Completed Vendor Registration: <https://ess.pickenscountysc.us/MSS/Vendors/Registration/Default.aspx>

Questions? Contact Meagan Nations at [meaganb@co.pickens.sc.us](mailto:meaganb@co.pickens.sc.us)

**DEADLINE: 5:00PM February 4<sup>th</sup>**