



# 2022

## Laurens County

### AMERICAN RESCUE PLAN ACT GRANT APPLICATION

**Applications must be received by 4/1/2022**

**"Late Applications shall not be considered."**

**Return applications to:** *Laurens County*  
*Attn: Administration*  
*100 Hillcrest Square*  
*Laurens, SC 29360*

**Or email to:** [ARPA@co.laurens.sc.us](mailto:ARPA@co.laurens.sc.us)

Amount you are requesting:	\$ 60,000.00
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#### SECTION I: ORGANIZATION INFORMATION

Name of Organization:	Dental Share Network of Laurens County S.C.	
Contact Name and Title:	Janette Marvin - Director / Founder	
Mailing Address:	2063 Highway 72 West	
Street Address (if different)		
Phone Number:	Mobile: 864-872-5248	
City, State and Zip Code	Clinton, South Carolina 29325	
Fax Number:		
Email Address:	DentalShareNetwork@Gmail.com	
Website:	DentalShareNetwork.Com	
How long has your organization been in existence?	3 1/2 Years	



**GIVE A BRIEF STATEMENT OF NEED FOR AMERICAN RESCUE PLAN ACT (ARPA) FUNDS.**

This section is limited to 2900 characters including spaces, which is approximately 400 words.

Dental Share Network of Laurens County S.C. has provided financial assistance and critical dental care coordination for Laurens County residents from ages 20 to 90 since August 2018. Most of the funding comes from family, friends and churches permitting 172 residents at \$68,800 to receive treatment. Weekly, 20 new calls can be received adding to the waiting list, only part of the estimated 6000 county residents needing care. 100 percent of funding received goes directly for the direct dental work. Our providers including Lifetime Family Dentistry (Laurens), Palmetto Denture Care (Spartanburg), and Brushy Creek Oral Surgeon (Greer), provide outstanding service and generously reduce cost in support of Dental Share. The treatment cost of residents comes to an average of \$400 per individual ranging from \$85 to \$1,600 depending on the circumstances. Many suffer from critical health conditions while needing dental care prior to receiving life saving procedures. We will receive calls from those with infections serious enough that they require treatment that day preventing the spread of infection directly to their hearts. The impact of critical dental care on an individual's financial well being is often seen through their ability and willingness to obtain gainful and permanent employment along with changes in their social behavior. The receipt of this dental care assistance for many in Laurens County has become a matter of life and death. Realistically, we need to be processing 15 people per week at a monthly cost of \$5,000 or annual of \$60,000. Janette's conversations with everyone include obtaining any available funds on their end to help offset the cost of their treatment. She has been receiving calls from around the state and from other states with pleas for help. Growing up on the mission field in Brazil, she has developed the passion for helping people and receives no pay for her hundreds of hours spent overseeing the activities of Dental Share. We look forward to hearing from you about how you can possibly assist us with this critical service. Thank You.



PLEASE COMPLETE THE FOLLOWING BUDGET BREAKDOWN SECTIONS ON THESE PAGES (NO ATTACHMENTS.) You may get these figures from your most recently submitted IRS Form 990, or you may simply use your overall operating budget.

**1. CONTRIBUTIONS, GIFTS, GRANTS & OTHER SIMILAR AMOUNTS**

<b>SOURCE</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>
<b>Government Grants</b>			
Municipal	\$	\$	\$
County	\$	\$	\$
State	\$	\$	\$
Federal other than COVID-19 Funds	\$	\$	\$
<b>Foundation Grants</b>	\$ 1,500.00	\$	\$
<b>Contributions/Federated Campaigns</b>	\$	\$	\$
<b>Membership dues</b>	\$	\$	\$
<b>Fundraising events</b>	\$	\$	\$
<b>TOTAL CONTRIBUTED INCOME</b>	\$ 1,500.00	\$ 0.00	\$ 0.00

**2. PROGRAM SERVICE REVENUE**

<b>SOURCE</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>
<b>Fees / Sold Services</b>			
Services	\$	\$	\$
Tuition / Fees	\$	\$	\$
Workshops, Seminars, Lectures, etc.	\$	\$	\$
Other (specify)	\$	\$	\$
Other (specify)	\$	\$	\$
<b>TOTAL PROGRAM SERVICES REVENUE</b>	\$ 0.00	\$ 0.00	\$ 0.00

**3. OTHER REVENUE**

<b>SOURCE</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>
<b>Publications (Newsletters, etc.)</b>	\$	\$	\$
<b>Concessions and/or Merchandise</b>	\$	\$	\$
<b>Advertising</b>	\$	\$	\$
<b>Space Rental Fees</b>	\$	\$	\$
Other (specify)	\$	\$	\$
Other (specify)	\$	\$	\$
<b>TOTAL EARNED INCOME</b>	\$ 0.00	\$ 0.00	\$ 0.00

<b>TOTAL COMBINED INCOME (1+2+3)</b>	\$ 1,500.00	\$ 0.00	\$ 0.00
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4. **EXPENSES**

	FY 2019	FY 2020	FY 2021
Program Services	\$	\$	\$
Fundraising	\$	\$	\$
Administration, Management, General	\$	\$	\$
Other (Specify)	\$	\$	\$
<b>TOTAL EXPENSES</b>	\$ 0.00	\$ 0.00	\$ 0.00

If your organization receives "in-kind" support, please list below:

SOURCE	TYPE OF IN-KIND SUPPORT

List funds already committed for the project for FY 2022 and the sources of these funds.

SOURCE	AMOUNT
	\$
	\$
	\$
	\$
<b>TOTAL</b>	\$ 6,000.00

Who in your organization is responsible for fundraising?

- Staff     
  Board of Directors     
  Consultants     
  Members/Volunteers

5. **Will your organization's 2022 budget be significantly different than 2021 and prior years?**

- Yes (if yes, explain in the box below)     
  No

This box is limited to 880 characters including spaces, which is approximately 125 words

Dental Share's budget will be different for year 2022 due to processing approximately 15 residents per week.

6. **FUNDING REQUEST FOR BUDGET YEAR 2022**

Please provide breakdown by categories:

<b>CATEGORY</b>	<b>PROGRAM SERVICES FY 2022</b>	<b>ADMINISTRATIVE/ GENERAL FY 2022</b>
Supplies	\$	\$
Equipment (specify)	\$	\$
Travel/Training	\$	\$
Personnel	\$	\$
Marketing / Promotions	\$	\$
Other (specify) Only individual dental expenses	\$ 60,000.00	\$
<b>TOTAL REQUESTED</b>	<b>\$ 60,000.00</b>	<b>\$ 0.00</b>

**SECTION III: ORGANIZATIONAL PROFILE AND PROJECT DESCRIPTION**

1. Briefly state the history and purpose of your organization.

This box is limited to 1400 characters including spaces, which is approximately 200 words.

In 2018 we were approached by individuals needing help with dental care – they fell into the criteria of low/no income and no insurance. Our organization was started in 2018 after an extensive search for free dental care ended with the South Carolina Dental Association advising us to start a non-profit in order to fill the specific criteria for our patients: very low (or no) income; no insurance or Medicaid; and adults ages 21 on up. These adults repeatedly go to the ER seeking help with dental infections and pain. While they receive prescriptions for antibiotics and opioids repeatedly, the cause of the problem is never taken care of. We set out to design a simple yet effective program to help these individuals get help as soon as possible to stop the infections while also preventing the overuse of antibiotics and opioid for pain. There is no overhead cost in our program so all funding goes to care.

2. Describe in detail how the pandemic has affected your organization.

This box is limited to 1400 characters including spaces, which is approximately 200 words.

The pandemic had an immediate effect on our organization as we had only been in operation for 1 ½ years when things shut down. Our first full year (2019), we were beginning to fund raise and plan for fund raising for the next year (2020). As soon as churches stopped in person meetings, and in person fundraising was no longer an option, donations dropped to nearly zero. Our family pulled together to keep the program running as the number of individuals needing help increased. Dentists were happy to work with us around pandemic rules and we managed to get through it. God saw us through these most difficult times and I know He will continue to provide as time goes on.

3. How will any funding awarded be utilized?

This box is limited to 1400 characters including spaces, which is approximately 200 words.

100% of donations goes to dental care. It's broken down into percentages as such:  
A) 99% is paid to the Dentist/Oral Surgeon/ or Denture Care  
B) .5% is used to fill a patient's antibiotic prescription if they lack the funds to fill it.  
C) .5% is used when a patient presents with a life-or-death infection and must be rushed to the Lauren's Express Care if they are not able to get an appointment in time at Good Shepherd Clinic.



4. State your organization's ability to continue operations (i.e. current staffing levels, staff qualifications, prior experience, etc.)

This box is limited to 1400 characters including spaces, which is approximately 200 words.

Our organization's ability to continue operations is stronger than ever. We are determined to continue to help Laurens County residents to have "Dignity through care". Keeping our operations uncomplicated has made it very simple to continue running our 501c3 even during the pandemic. While funding has been low, with God's help we still managed to double and then triple the number of individuals getting care this past year. We look forward to helping many more people so their life and health can improve.

5. Discuss your organization's relationship with other programs in the community designed to meet the same or similar needs, especially those that provide services/assistance to those most impacted by the pandemic. Describe collaborative partnerships that may result.

This box is limited to 1400 characters including spaces, which is approximately 200 words.

Dental Share Network has had a big impact on individuals all over Laurens County! From individuals who have spent years hiding their face – now smiling; pastors who needed front teeth and finally had their self-esteem and dignity lifted with new partials; and individuals desperately needing their wisdom teeth out. SCDA assured us that there are no other programs in South Carolina run like ours providing these services. As to collaborative partnerships, a few churches in Laurens County have contributed to Dental Share and we partner with them. As we are the only 501c3 in the state providing this particular form of care, (as opposed to the free dental clinics in other cities) we hope to collaborate with United Way in the near future and to expand the number of churches in the county who support our program.

6. What is your plan for continuing your program(s) in the future, including funding sources?

This box is limited to 1400 characters including spaces, which is approximately 200 words.

We are currently planning fund raising events, writing grants, and getting the word out to churches. With the pandemic mostly behind us, we hope that 2022 will allow us to expand our Denture program. This is greatly needed in our county as this affects a person's ability to get a job. The number of individuals seeking help continues to increase each month and the physical conditions they present with are dire indeed. We who began this work with God's help have been relentlessly working to generate funds through our own work and will continue to do so.

I hereby certify that the applicant organization complies with all Americans with Disabilities Act requirements, and does not discriminate on the basis of race, color, age, sex, religion, sexual orientation, physical disability, or national origin, and that all funds that may be received by applicant organization from Laurens County will be solely used for the purposes set forth in this application and will comply with all laws and statutes. In particular, organizations receiving Community Assistance Funding will comply with state regulations requiring organizations to be registered with the South Carolina Secretary of State's Division of Public Charities.

Janette Marvin 3/16/2022  
Signature of Chief Executive Officer or Executive Director Date

Janette Marvin Founder/Director  
Name and Title (please print)

Joseph L. Lee Jr. 3/16/2022  
Signature of Chief Financial Officer or Board Chairperson Date

JOSEPH L. LEE JR. SECRETARY  
Name and Title (please print)

**Make sure your application includes the following:**

- your IRS Letter (if applicable),
- a list of officers, staff and board members,
- Completed application with all required signatures.
- a copy of your confirmation letter of registration from the SC Secretary of State's Division of Public Charities

# APPLICATION GUIDELINES

## American Rescue Plan Act

### Program Purpose

The American Rescue Plan Act (ARPA) was signed into law by President Biden on March 11, 2021, and provides direct relief to cities, towns and villages in the United States through the Coronavirus State and Local Fiscal Recovery Funds (CSLFRF). The U.S. Department of the Treasury is responsible for overseeing this program. CSLFRF provides that states and other governments may spend these funds to “**respond to the pandemic and its negative economic impacts, including assistance to ... nonprofits, or aid to impacted industries such as tourism, travel, and hospitality.**” Laurens County will be awarding grants to non-profits or similar organizations from the CSLFRF to help address critical financial needs of those organizations. **For profit-businesses and individuals are not eligible for these County grants.**

**Applications must be received by:**  
**04/01/2022**

Questions should be emailed to:

[ARPA@co.laurens.sc.us](mailto:ARPA@co.laurens.sc.us)

# INSTRUCTIONS

- 🏠 **All applications must be received by 04/01/2022**
- 🏠 Applications received after this time and date may jeopardize your organization's ability to receive funding.
  
- 🏠 **One original** copy of the application should be mailed to:
  - Laurens County
  - Attn: Administration
  - 100 Hillcrest Square
  - Laurens, SC 29360
  - OR hand delivered to 100 Hillcrest Square, Administration**
  - or emailed to: [ARPA@co.laurens.sc.us](mailto:ARPA@co.laurens.sc.us)**
  
- 🏠 Complete all questions using 11pt font or larger. **Use only the space provided on the application form.**
  
- 🏠 Section II Financial Information must be completed on the form. **An attached financial statement or budget will not be accepted.**
  
- 🏠 Applicants must be registered with the SC Secretary of State's Division of Public Charities. Nonprofit organizations need to include a copy of their confirmation letter of Secretary of State's Official Web site <http://www.scsos.com/> or call 803-734-1790.
  
- 🏠 Before submitting your application, please check to ensure that you have included the following:
  - your IRS Letter (if applicable),
  - a list of officers, staff and board members,
  - Completed application with all required signatures.
  - a copy of your confirmation letter of registration from the SC Secretary of State's Division of Public Charities

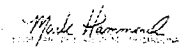
**No other attachments will be accepted.**

This application is available on the County's website at [www.laurenscounty.us](http://www.laurenscounty.us).

JUL 26 2018

REFERENCE ID: 1807261106324

File ID: 180622-1021418  
Filing Date: 06/20/2018



STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

ARTICLES OF INCORPORATION  
Nonprofit Corporation – Domestic  
Filing Fee \$25.00

Pursuant to S.C. Code of Laws Section 33-31-202 of the 1976 S.C. Code of Laws, as amended, the undersigned corporation submits the following information

1. The name of the nonprofit corporation is

DENTAL SHARE NETWORK

2. The initial registered office (registered agent's address in SC) of the nonprofit corporation is

2063 HWY 72 W

(Street Address)

CLINTON, SC 29325

(City, State, Zip Code)

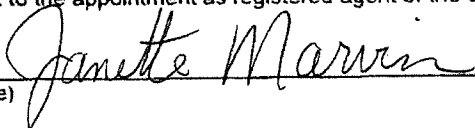
The name of the registered agent of the nonprofit corporation at that office is

JANETTE E MARVIN

(Name)

I hereby consent to the appointment as registered agent of the corporation.

(Agent's Signature)



3. Check "a", "b", or "c", whichever is applicable. Check only one box.

- a.  The nonprofit corporation is a public benefit corporation.  
b.  The nonprofit corporation is a religious corporation.  
c.  The nonprofit corporation is a mutual benefit corporation.

4. Check "a" or "b" whichever is applicable

- a.  This corporation will have members.  
b.  This corporation will not have members.

5. The principal office of the nonprofit corporation is

2063 HWY 72 W

(Street Address)

CLINTON, SC 29325

(City, State, Zip Code)

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **AUG 07 2018**

DENTAL SHARE NETWORK  
2063 HWY 72 W  
CLINTON, SC 29325-0000

Employer Identification Number:  
83-0857403  
DLN:  
26053611001898  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
June 20, 2018  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

## DENTAL SHARE NETWORK LIST OF OFFICERS

1. Founder and Director: Janette Marvin
2. Co-Chair: Lisa Taylor
3. Secretary: Joseph Lee Jr.
4. Treasury: Nathaniel Lee