

# 2022

# Quivens 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

Amount you are requesting: \$ 135,000

#### **SECTION I:**

#### ORGANIZATION INFORMATION

Name of Organization:	Tranquility Point
Contact Name and Title:	Kim Kueker Executive Director
Mailing Address:	105 Padlock Drive
Street Address (if different)	
Phone Number:	864-610-5070
City, State and Zip Code	Cross Hill SC 29332
Fax Number:	NA
Email Address:	tranquility pointretreat egnail-com
Website:	https://www.facebook.com/Tragelitypointretran
How long has your organization	been in existence?

	•	governance body: Board of Directors,	Chief Officers
and Executive Dire			
	one) ritable organization (501	.(c)(3) Governmental unit	
Other Tax-exem		Federal State Local	
☐Church/Religiou		☐Unincorporated association	
Other (specify)	-	officorporated association	
other (specify)_			
Please attach a co	ny of your organization'	's IRS tax status determination letter (	not applicable
	• • •	egations). A tax exempt identification	
sufficient.			
Federal Employer	Identification Number:	87-3580477	
FOCUS AREA: (che	ck one)		
□Arts	ok one,	☐Community Development	
□Education		Environment	
∭Health and Well	ness	☐Public Safety	
☐Human Needs	1000	☐Youth Development	
PROGRAM SERVIC	ES (check one)		
	amilies	Senior Citizens	
Other (Specify)			
Geographic area	served:	Lakeland Area	
Percentage of ser	vice delivered to the <u>Cit</u>	tizens of Laurens County	100%
SECTION II	FINA	NCIAL INFORMATION	
Applicant's overall o	perating budget: \$\( (\)	75,000 Fiscal Year <u>Tan 1,20</u> 21	to <u>Dec 31, 202</u>
		M/D/YY	M/D/YY
Please list the hist	ory of funding to your a	gency from the Laurens County:	
	<u>Year</u>	<u>Amount</u>	
	2018	\$ 0	
	2019	\$ 0	
	2020	\$ 0	
	2020		

Business Name: Tranquility Point

# Signature Page for a Secretary of State Business Filing

This page must be completed, scanned, and attached to any business filing where one of the following is true.

- The filing party signs the digital form on behalf of official signee.
- An attorney's signature is required. (Articles of Incorporation for Corporation and Benefit Corporation)

Official Signatures	
(Officer, Incorporator, Director, Agent, Partner, etc)	
Required for forms where the signee is not present upon online sub-	mission and a filing party is providing a digital
signing on their behalf. If the provided space is not enough, please a	ttach multiple pages.
CENNETH-SOTT KATELOSH	
Name;	Date /
Conferent Kaluski	Boardetrain
Signature	Title / Position
Barry Gambrell	10/28/2021
Name	Date
Name  Buy Signature	Date  President/traisurer
Signature/	Title / Position /
Kim Kueker	10/28/2021
Name /	Date
Kim Kueker Name Kim Kuehos	Date  Secastar y executive Title / Position   D. rector
Signature	Title / Position / D. rec+ &
Name	Date
Signature	Title / Position
Name	Date
Signature	Title / Position

# The State of South Carolina



# Office of Secretary of State Mark Hammond

# **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Tranquility Point, a nonprofit corporation duly organized under the laws of the State of South Carolina on August 23rd, 2021, has as of the date hereof filed as a nonprofit corporation for religious, educational, social, fraternal, charitable, or other eleemosynary purpose, and has paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-31-1421, and that the nonprofit corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 16th day of November, 2021.

Mark Hammond, Secretary of State



TRANQUILITY POINT 105 PADLOCK DRIVE CROSS HILL, SC 29332 Date: 02/07/2022

Employer ID number:

87-3580477

Person to contact:
Name: Customer Service

ID number: 31954

Telephone: 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:

August 23, 2021

Contribution deductibility:

Yes

Addendum applies:

No DLN:

26053737003081

#### 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. 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.

Sincerely,

Stephen A. Martin

Director, Exempt Organizations

stephen a martin

Rulings and Agreements

## 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.

We need funding to hire people to property clean at maintain the property teausement being used at the retreat, such as cabin cleaning, restroom facilities, the retreat such as cover for full workers we need to purchase PPE equipment for AII workers we need to purchase PPE equipment for AII workers to use need to clean at sanitize. The chamicals to clean at sanitize, the voulenteers, Extra chemicals to clean at sanitize. The chamicals to clean at sanitize, the chair and assistance to cover leaving send employees, we need assistance to cover lost techniques, we need assistance to cover lost techniques, funds to cover increase cost in fuel cost. Monet to cover increase cost in fuel cost. Monet to cover increase cost in fuel for Lawn upkeep thouting equipment. Also covid for Lawn upkeep thouting equipment. Also covid testing for employees. Sanitizing Stations.

PLEASE LIST OTHER CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT) / PAYCHECK PROTECTION PROGRAM (PPP) AND OR AMERICAN RESCUE PLAN ACT (ARPA) FUNDING YOUR ORGANIZATION RECEIVED (INCLUDING FROM OTHER GOVERNMENTS), THE AMOUNTS AND WHAT IT IS WAS USED FOR:

TYPE OF FUNDS RECEIVED CARES ACT/PPP AND OR ARPA	YEAR RECEIVED	DESCRIPTION OF WHAT FUNDS WERE USED FOR	AMOUNT
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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. <u>CONTRIBUTIONS, GIFTS, GRANTS & OTHER SIMILAR AMOUNTS</u>

SOURCE	FY 2019		FY 2020		FY 2021
Government Grants		7		0	
Municipal	\$	) 1	\$		\$
County	\$		\$		\$
State	\$		\$		\$
Federal other than COVID-19 Funds	\$		\$		\$
Foundation Grants	\$		\$		\$
Contributions/Federated Campaigns	\$		\$		\$
Membership dues	\$		\$		\$
Fundraising events	\$		\$	1	\$ 1700
TOTAL CONTRIBUTED INCOME	\$	(4)	\$	()	\$ 1700

#### 2. PROGRAM SERVICE REVENUE

SOURCE	FY 2019	FY 2020	FY 2021
Fees / Sold Services	0	0	
Services	\$	\$	\$ 0
Tuition / Fees	\$	\$	\$ 0
Workshops, Seminars, Lectures, etc.	\$	\$	\$ 0
Other (specify)	\$	\$	\$ 0
Other (specify)	\$	\$	\$ 0
<b>TOTAL PROGRAM SERVICES REVENUE</b>	\$ 8	\$ 0	\$ ()

#### 3. OTHER REVENUE

SOURCE	FY 2019	FY 2020	FY 2021
Publications (Newsletters, etc.)	\$ 0	\$ 0	\$ 0
Concessions and/or Merchandise	\$ ,	\$ 1	\$ 0
Advertising	\$	\$	\$ 0
Space Rental Fees	\$	\$	\$ 6
Other (specify)	\$	\$	\$ 0
Other (specify)	\$	\$	\$ 0
TOTAL EARNED INCOME	\$ 0	\$ 0	\$

TOTAL COMBINED INCOME (1+2+3)	\$ O	\$ 6	\$ 1700

4. EXPENSES

	FY 20	019	FY 2	020	FY 2021
Program Services	\$	(2	\$	0	\$ 0
Fundraising	\$	-	\$		\$ 290
Administration, Management, General	\$		\$		\$ 22,000
Other (Specify) Land Land pref building	\$		\$		\$ 70,347.06
TOTAL EXPENSES	\$	$\bigcirc$	\$	<u>b</u>	\$92.637.06

If your organization receives "in-kind" support, please list below: 94.000

SOURCE	TYPE OF IN-KIND SUPPORT
Board members	buying property, land clearing
howes - tree Donations	septic putin, Purchase Cabin
Liberty Sheds - Discount on	Fond raising events, Cleaning Supplies
cabin	Lighting Solar, County Permits
	Grant Writing Office Supplies

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

SOURCE	AMOUNT
Fundraises	\$1000
Grants	\$ 500
Donations	\$1300
Partnerships	\$3000
TOTAL	\$5,800

	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)  This box is limited to 880 characters including spaces, which is approximately 125 words
	Supplies for more frequent cleanings.  Poing more Partnerships & grant writing in house.  Cost of construction materials + Gas increasing.  Testing more for Could  Employees out + shutdown if infected w/could.  Employees out + shutdown if infected w/could.  More thorough Cleaning of sports Equipment + Lawn Equipment

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

Please provide breakdown by categories:

CATEGORY	PROGRAM SERVICES FY 2022	ADMINISTRATIVE/ GENERAL FY 2022
Supplies	\$ 12,000	\$ 1000
Equipment (specify) Ckgoing Lawneure Constru	JUS 20,000	\$
Travel/Training	\$	\$ 1500
Personnel	\$	\$ 50.000
Marketing / Promotions	\$ 500	\$ 5,000
Other (specify) [NC INS / Gas	\$ 10,000	\$
TOTAL REQUESTED	\$ 42500	\$ 71,000

#### **SECTION III:**

#### ORGANIZATIONAL PROFILE AND PROJECT DESCRIPTION

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

NON profit 501C3 geared towards reducing the Suicide rate amongst veterans toffering a place of respit for Foster families and others suffering from Depressional PTSD, or other mental problems. Our retreat is open to antone in the Community Suffing from anticty or any mental Anguish. We offer up to a 5 Day stay any mental Anguish. We offer up to a 5 Day stay free of change in a cabin on the lake with the Free of change in a cabin on the lake with the free of change in Taichi, martial Arts, meditation, office to participate to the participate of paer to the participate to the participate of paer to the participate to the participate of paer to paer to paer to paer talk with other veterans, counsolors or chapters.

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

Construction Cost went up. Availability of workers to Supply in demand issues a cost of testing volenteers to the workers. PPE Eau: pment, No or very 1141e to the fundraiser in Jodla Gas in creases for boats tlawh eauthers.

3. How will any funding awarded be utilized?

purchasing more could Home test, Grant writters, increased on Construction projects.

more Extensive Cleaning.

purchase more abetter insurance

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

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.

Board President is a retired Air force Lt. Colonel in program management.

Executive Director is a Certified Health care provider for veterans by the VA, Retired 30 tears in the sporting goods industry.

In the sporting goods industry.

Chairman is a retired Jag officer in Army to Currently a Lawter in Simpsonville.

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.

UWS - upstate warrior solutions - Helping Vets
overcome mental Disorders, fill out jobapplicationsHelp Filling out VA Documents.

Greenwood Community Wellness Day 04-09-2022

We are a Ket Sponsor for this event, offering
funding to be ran through our soles Non profit.

Helping toffering Health Screenings toppertunities
Helping toffering Health Screenings toppertunities
to churches, career booths, free food tentertainment.

uniting grants toollecting donations.

Wreaths Across America Greenwood 2021

Cross Hill 2022, working w/Local churches traising
monet to suppliment these Communities.

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.
Apolting Forgrant 5
Fundraising Fundraising downtions w/other organizations
partnering of spilling downtions w/other organizations  partnering of spilling downtions w/other organizations  Hosting Military or group events, Botscount, Girlscoutants
Hosting Military of growing for Dona House
movie nights on lawn in Summer for Donations.
Donation Drives
endowment5
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.  Signature of Chief Executive Officer or Executive Director  Date  **Lecutive Director**  Name and Title (please print)
03-19-2022
Signature of Chief Financial Officer or Board Chairperson Date
Barry Gambrell Financial officer Name and Title (please print)

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

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