

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

Amount you are requesting:	\$ 16,000	
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SECTION 1:

ORGANIZATION INFORMATION

Name of Organization:	Laurens County Trails Association	
Contact Name and Title:	T. Eston Marchant, Director	
Mailing Address:	PO Box 1492	
Street Address (if different)		
Phone Number:	864-923-1231	
City, State and Zip Code	Laurens SC 29360	
Fax Number:		
Email Address:	Bmarchant72@gmail.com	
Website:	www.lctrails.org	
How long has your organization been in existence?		Since 2015

NOTE: Attach a li	st of your organization's (gove	rnance body: Boa	rd of Direc	ctors, Cl	nief Officers
and Executive Dir	ector.					
Tax Status (check	one)					
	Tax-exempt charit	able d	organization (501(c)(3)	Govern	mental unit
	Other Tax-exempt (speci	ify sta	atus) 🗆			Federal State
Local						
	Church/Religious organiza	tion			Uninco	rporated
association						
Other (specify) _						
	opy of your organization's					
	gencies or religious cong	regat	tions). <u>A tax exe</u>	mpt ident	<u>ificatio</u>	<u>number is</u>
<u>not sufficient.</u>						
Federal Employer	Identification Number:	Δ	17-2902007			
reactal Employer	identification Number.		17-2302007			
FOCUS AREA: (che	eck one)					
☐ Arts	, n		Community	Developm	nent	
☐ _ Education			Environment	•		
57/	h and Wellness		Public Safety			
☐ Human I			Youth Developm	ent		
PROGRAM SERVICE	CES (check one)					
□ ✓ Children Fa	amilies Youth	Ser	nior Citizens			
Other (Specify) All ages					
Geographic area	served:		Laurens County			
Percentage of se	rvice delivered to the Citi	izens	of Laurens Count	v		90 %
				-4-		
SECTION II	FINAN	ICIA	L INFORMATIO	N		
Applicant's overall	operating budget: \$ 7,0	00	Fiscal Year	7/01/22	to	6/30/23
				M/D/YY		M/D/YY
Please list the hist	tory of funding to your ag	ency	from the Laurens	County:		
· 	<u>Year</u>		Amoun	<u>t</u>		
	2018		\$ 0			

\$

\$

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

In partnership with the Laurens County 250th Anniversary of the American Revolution Committee, we propose creating an interactive web page with a downloadable app that will allow bike riders to visit the historic revolutionary sites in the County. Laurens County is rich in historic sites that were important to the success of the American Revolution. This tool will allow for the combination of recreation, exercise and the exploration of our history all in one.

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
NONE	ushpelitione/pet	TEACH CONTINUES FOR THE CONTINUES AND THE CONTIN	\$
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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. CONTRIBUTIONS, GIFTS, GRANTS & OTHER SIMILAR AMOUNTS

SOURCE	FY 2019	FY 2020	FY 2021
Government Grants			
Municipal	\$	\$	\$
County	\$	\$	\$
State	\$	\$	\$
Federal other than COVID-19 Funds	\$	\$	\$
Foundation Grants	\$ 40,000	\$ 40,000	\$ 4,200
Contributions/Federated Campaigns	\$ 1,200	\$ 1,000	\$ 2,000
Membership dues	\$	\$	\$
Fundraising events	\$	\$	\$
TOTAL CONTRIBUTED INCOME	\$ 41,200	\$ 41,000	\$ 6,200

2. PROGRAM SERVICE REVENUE

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

3. OTHER REVENUE

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

TOTAL COMBINED INCOME (1+2+3)	\$ 41,200	\$ 42,000	\$ 6,200	
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^{4.} EXPENSES

	FY 2019	FY 2020	FY 2021
Program Services	\$ 7,500	\$ 7,000	\$ 2,500
Fundraising	\$	\$	\$
Administration, Management, General	\$ 2,000	\$ 2,000	\$ 2,000
Other (Specify)	\$	\$	\$
TOTAL EXPENSES	\$ 9,500	\$ 9,000	\$ 4,500

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
	\$
	\$
	\$
	\$
TOTAL	\$

	Who in your organization is responsible for fundraising?				
	Staff	Board of Directors	Consultants	Members/Volunteers	
5.	Will your	organization's 2022 budge	et be significantly d	ifferent than 2021 and prior years	
	Yes (if yes, ex	plain in the box below)	No		
		This box is limited to 880 characte	rs including spaces, which	is approximately 125 words	
	\$300,000 will	ds will not run through the be used to construct the L	oop Trail around the		

6. FUNDING REQUEST FOR BUDGET YEAR 2022

Please provide breakdown by categories:

CATEGORY PROGRAM SERVICES ADMINISTRATIVE/ FY

	2022	SENERAL FY 2022
Supplies	\$	\$
Equipment (specify)	\$	\$
Travel/Training	\$	\$
Personnel	\$	\$
Marketing / Promotions	\$	\$
Other (specify) Web services	\$ 16,000	\$
TOTAL REQUESTED	\$ 16,000	\$

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.

The Laurens County Trails Association is dedicated to leading the development of land and water trails in Laurens County. Our mission is to increase the health and wellness of the community by increasing the number of residents participating in walking, biking or boating. Numerous studies have concluded that Laurens County is one of State's least healthiest counties due in part to the lack of exercise related amenities.

In partnership with the Laurens County 250th Anniversary of the American Revolution Committee we hope to create a fun, educational web page that will encourage residents to explore our historic county by bike.

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.

Like many organizations, the Laurens County Trails Association greatly curtailed operations

	and running. We hope that this potential historic bike trail will help upstart us back into increased activity.						
	How will any funding awarded be utilized? This box is limited to 1400 characters including spaces, which is approximately 200 words.						
	These funds will allow us to develop and maintain a professional web site with and downloadable app that will encourage people to bike Laurens County. A byproduct of this web page will be to increase tourism in the county.						
The state of the s							
The state of the s							
	4 State your organization's ability to continue operations lie current staffing levels staff						

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

The Laurens County Trails Association with an all-volunteer organization that has existed

since 2015. In addition to a strong volunteer board of directors we have strategic partnerships with the Chamber of Commerce, the Laurens County Parks and Recreation Department and Prisma Health.	
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.	

The Trails Association partners with many organizations such as the Chamber of Commerce, the Parks and Recreation Department, the Laurens County Museum and the Laurens County Health Department.

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

Our biggest partner is Prisma Health. This partnership is both with the local hospital and the cooperate office in Greenville. This partnership has provided us with two substantial grants. Prisma Health recognizes the need to improve the overall health of the citizens of Laurens County. They know that funds and creating of trails and bike paths are low-cost methods of improving the health of citizens.

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.

The funding level request of \$16,000 is designed to develop and maintain the webpage for a period of five (5) years. This five (5) year period will take us through the 250th Anniversary of the American Revolution. At that point, there are several potential organizations such as the

chamber of commerce or the take over the maintenance of	Parks and	Recreation	Department tha	t could

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

Marchant Executive Proctor

THOMSON FINANCIAL OFFICED

Name and Title (please print)

Signature of Chief Financial Officer or Board Chairperson

Name and Title (please print)

Make sure your application includes the following: o

your IRS Letter (if applicable),

LAURENS COUNTY TRAILS ASSOCIATION BOARD OF DIRECTORS - 2022-2023

T. Eston "Bud" Marchant Executive Director Jamie Adair Director **Executive Committee** Andrew Howard Director **Executive Committee** Jeffrey Thomason Director, Treasurer **Executive Committee** James Nelson Director Jane Nelson Director Jason Pridgen Director

Susan Johnson Director Robert Bryant Director Laura Blind Director Janice Long Director Justin Brent Director



LAURENS COUNTY AMERICAN REVOLUTION 250TH SESTERCENTENNIAL STEERING COMMITTEE

STEERING COMMITTEE

Ernest B. Segars, Chairman

T. Eston (Bud) Marchant, Vice Chairman

Walter Allen

Sarah Jane Armstrong

J. Durant Ashmore

Dr. Ben Bailey

Diane T. Culbertson

Dr. Booker Ingram

Amanda Munyan

Carolyn B. Shortt

Debbie W. Vaughn

Betty C. Walsh

David Tribble Luke Rankin

Date of this notice: 01-26-2015

Employer Identification Number:

47-2902007

Form: SS-4

Number of this notice: CP 575 A

LAURENS COUNTY TRAILS ASSOCIATION PO BOX 1492 LAURENS, SC 29360

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-2902007. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

09/15/2015

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is LAUR. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.



State of South Carolina Office of the Secretary of State The Honorable Mark Hammond

Mar 18, 2015

Laurens County Trails Association Donald G Walker PO Box 1492 LAURENS, SC 293602656

RE: Registration Confirmation

Charity Public ID: P29668

Dear Donald G Walker:

This letter confirms that the Secretary of State's Office has received and accepted your Registration, therefore your charitable organization is in compliance with the registration requirement of the "South Carolina Solicitation of Charitable Funds Act." The registration of your charitable organization will expire on Nov 15, 2015. If any of the information on your Registration form changes throughout the course of the year, please contact our office to make updates. It is important that this information remain updated so that our office can keep you informed of any changes that may affect your charitable organization.

If you have not yet filed your annual financial report or an extension for the annual financial report, the annual financial report is still due 4 ½ months after the close of your fiscal year. Annual financial reports must either be submitted on the Internal Revenue Service Form 990 or 990-EZ or the Secretary of State's Annual Financial Report Form. There is no fee associated with filing an annual financial report with our office. If your organization files IRS Form 990 or 990-EZ and you wish to extend the filing of that form with us, please submit a copy of your IRS Form 8868. If your organization files the Secretary of State's Annual Financial Report Form, and you wish to extend the filing of that form with us, please submit a written request to the Division of Public Charities. Failure to submit the annual financial report may result in an administrative fine of up to \$2,000.

If you have any questions or concerns, please visit our Website at www.scsos.com and review the Public Charities section or contact our office at (803) 734-1790.

Sincerely,

Kimberly S. Wickersham

Director, Division of Public Charities