

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: \$ 250,000.00

SECTION I:

ORGANIZATION INFORMATION

| Name of Organization: | Laurens Memorial Home | | |
|-------------------------------|-------------------------------------|-------------------|--|
| Contact Name and Title: | Rutledge Jacks, Board of Di | rectors, Chairman | |
| Mailing Address: | 2800 A.B. Jacks Road, Clin | ton, S.C. 29325 | |
| Street Address (if different) | | | |
| Phone Number: | 864-833-4051 or 864-923-4425 (Cell) | | |
| City, State and Zip Code | Clinton, S.C. 29325 | | |
| Fax Number: | 864-833-4051 | | |
| Email Address: | jacksccc@bellsouth.net | | |
| Website: | | | |
| How long has your organizatio | n been in existence? | 163 Years | |

Laurens Memorial Home For the Aged

Board of Directors

J. Rutledge Jacks, Jr., Chairman

William E. Adair, Jr., Vice-Chairman

James E. Bryan

Homer Elwood

Ann Knight

Susan Calhoun Ware

Zeke Benjamin

Allen Wham

Mary Dunmoyer, Administrator Angela Coleman, Asst. Administrator Internal Revenue Sc.
District Director

| | December 21 | 1, 1982 | | Person to Contact: Loline 4. Telephone Number: (404) 221-4 | |
|-----|---|---|---|--|--|
| • | Taurex Memoria He Aged P.O. Box 638 | I Horse for | • | Refer Reply to: 57-053/2 Your Letter Dated: Decimien Internal Revenue Co 501(c)(3) | 9. 1982 |
| . 0 | Laurens, SC 29 | 7360 | | Our Exemption Let Way 19 | |
| | | | | | |
| | We have received your letter requi | esting confirmation of y | t most noisqmexe ruo | ederal income tax. | |
| | You received recognition of | • | | • | f the Internal F |
| | modified or revoked by the Intereported to us so we may conside and address. We have checked our records recognition of exemption from the eation for Recognition of Extra tion for an Organization". We | ier the effect of the char and find that your orga om Federal income tax, kemption. Also enclose then the applicable form | nization has not been you should complet d is a copy of Publica is completed, you sho | recognized as exempt. e the appropriate Formation 557, "How to Appoint the address of the addre | If you believe y 1023 or Form bly for Recognit |
| ٠. | Our records indicate that you to have us reconsider your | our organization failed t application for exempt | tion, please submit to | n or exemption from requesty request | uested in the er |
| | Our records indicate that you | ur exempt status was 🗆 | terminated 🗆 revok | ed 🗆 denied on | |
| | Thank you for your cooperation. | | | . • | |
| | | • | Sincer | ely yours, | |
| • | | | Jii Distric | et Director | With all |
| | Enclosure(s) Form 1023 Form 1024 Publication 557 | | | | |
| | SS-4 Previous Request for Inform | nation | • | . • | • |



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

Mar 16, 2022

Laurens Memorial Home For The Aged Rut Jacks 2800 A.B. Jacks Rd Clinton, SC 29325

RE: Registration Confirmation

Charity Public ID: P9075

Dear Rut Jacks:

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, 2022.

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.
- If you wish to extend the filing of that form with us, please submit a written request by email or fax to our office using the contact information below. Failure to submit the annual financial report may result in an administrative fine of up to \$2,000.00.

If you have any questions or concerns, please visit our website at www.sos.sc.gov or contact our office using the contact information below.

Sincerely,

Kimberly S. Wickersham

Director, Division of Public Charities

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| | of your organization's g | overna | nce body: B | oard of Director | rs, Chief | Officers |
|--|---|-----------------------|--|---|------------------------------|--|
| and Executive Direct Tax Status (check on Tax-exempt chari Other Tax-exempt Church/Religious of Other (specify) | ie) itable organization (501) t (specify status) organization | (c)(3) | | ental unit □State □Local orated associati | on | |
| Please attach a copy to government agen sufficient. | y of your organization's icies or religious congre | gations | c status deto s). <u>A tax exe</u> 0531246 | ermination lette mpt identificati | er (not ap <u>on numb</u> | oplicable oer is not |
| | Lauridian Number | T | | | | |
| Federal Employer Id | lentification Number: | <u></u> | | | | The state of the s |
| FOCUS AREA: (check Arts Education Health and Wellne Human Needs PROGRAM SERVICE Children | ess S (check one) | □Envi □Pub □You | nmunity Dev ironment lic Safety th Developn ior Citizens | | | |
| Other (Specify) | | - | | | | |
| | | | | | | • • |
| Geographic area se | rved: | LAK | REKI CO | urry & Ju | proupo | ing twen |
| | vice delivered to the <u>Cit</u> | | f Laurens Co | ounty NOTE: SM TION SU | ALL PARADUR | ERCENTAGE FOM |
| SECTION II | FINA | INCIAL | III OILIVIA | | | |
| | perating budget: \$90 ory of funding to your a | | | rear <u>1/1/22</u> M/D/Y\ rens County: | | 12/31/22 M/D/YY |
| | <u>Year</u> | | <u>Ar</u> | <u>nount</u> | | |
| j | 2018 | | \$ 0 | | | |
| | 2019 | | \$ 0 | | | |
| | 2010 | | T - | | | |

| <u>Year</u> | | Amount | | |
|-------------|------|--------|---|--|
| | 2018 | \$ | 0 | |
| | 2019 | \$ | 0 | |
| | 2020 | \$ | 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.

During the Covid-19 pandemic the Laurens Memorial Home almost had to close. Having existed in Laurens County for more than 163 years, the current Board of Directors believe that it is the longest serving non-profit organization in the County.

The Home is licensed as an assisted living residential facility serving 40-50 of Laurens County's citizens. For a full year and a half the Home did not have a single case of Covid in the building. However, to avoid the possibility of bringing the virus into the facility a decision was made by the Board to avoid taking in any new residents — for fear of bring the virus in and possibly infecting the residents who were healthy and doing everything they could to avoid being sick.

This plan worked; with the exception of cutting the revenue in half when the census got down to 20 residents. We had no Covid, but we also had no money for operations. The Home quickly went through the small reserve funds that had been saved over the course of several years. All of the regular expenses, food, electricity, payroll were practically the same; only the income revenue had changed.

The Board hurriedly made a plea to the community. Laurens County citizens made their commitments to the Memorial Home known with contributions from everywhere. Churches, civic groups, foundations and individuals kept the Home financially afloat.

The Home operates almost solely on Medicaid funds. Over 90% of the residents receive Medicaid. These funds alone cannot provide the care that our fellow citizens deserve. The needs are vast; the funds are small.

Most of the residents have no other incomes, no retirement nest-egg to fall back on, and no other place to go THAT THEY CAN AFFORD. Many have no family that cares for them financially or otherwise. This situation can fall upon any of us, but it is also our responsibility to care for those who are less fortunate. "But, for the Grace of God, it could be us."

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 |
|--|------------------|--|----------|
| Paycheck Protection Plan (PPP) | 2020 | Payroll during Covic-19 | \$99,900 |
| | | | \$ |
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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 (United Way) | \$14,500 | \$ | \$ |
| Contributions/Federated Campaigns | \$197,374 | \$147,866 | \$211,265 |
| Membership dues | Ś | \$ | \$ |
| Fundraising events | \$ 89 | \$ | \$ |
| TOTAL CONTRIBUTED INCOME | \$211,963 | \$147,866 | \$211,265 |

2. PROGRAM SERVICE REVENUE

| FY 2019 | FY 2020 | FY 2021 |
|-----------|-----------------------------------|---|
| | | |
| \$565,605 | \$374,302 | \$379,678 |
| \$ | \$ | \$ |
| \$ | \$ | \$ |
| \$ | \$ | \$ |
| \$ | \$ | \$ |
| \$565,605 | \$374,302 | \$379,678 |
| | \$565,605 \$ \$ \$ \$ | \$565,605 \$374,302 \$ \$ \$ \$ \$ \$ \$ \$ |

3. OTHER REVENUE

| SOURCE | FY 2019 | FY 2020 | FY 2021 |
|----------------------------------|---------|---------|---------|
| Publications (Newsletters, etc.) | \$ | \$ | \$ |
| Concessions and/or Merchandise | \$ | \$ | \$ |
| Advertising | \$ | \$ | \$ |
| Space Rental Fees | \$ | \$ | \$ |
| Other (specify) (Interest) | \$654 | \$173 | \$382 |
| Other (specify) | \$ | \$ | \$ |
| TOTAL EARNED INCOME | \$654 | \$173 | \$382 |

| TOTAL COMBINED INCOME (1+2+3) | \$778,222 | \$522,341 | \$591,325 |
|-------------------------------|-----------|-----------|-----------|
| | | | |

4. EXPENSES

| Table of the second of the sec | FY 2019 | FY 2020 | FY 2021 |
|--|-----------|-----------|-----------|
| Program Services | \$804,375 | \$607,282 | \$766,471 |
| Fundraising | \$ | \$ | \$ |
| Administration, Management, General | \$62,252 | \$43,466 | \$66,360 |
| Other (Specify) | \$ | \$ | \$ |
| TOTAL EXPENSES | \$866,627 | \$650,748 | \$832,831 |

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

| SOURCE SOURCE | TYPE OF IN-KIND SUPPORT |
|---------------|-------------------------|
| | |
| | |
| | |
| | |

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

| | | lunc |
|-----------|-----------|------|
| All funds | i e p k 1 | joh |
| | | |

| SOURCE | AMOUNT |
|--------|--------|
| | \$ |
| | \$ |
| • | \$ |
| | \$ |
| TOTAL | \$ |

| Who in your organization is responsible for fundraising? | | | | |
|--|-----------------------------|--------------|--|--|
| ⊠ Staff | ⊠ Board of Directors | ☐Consultants | | |

| 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



The Home's budget will be significantly higher in 2022 than in previous years. ALL EXPENSES HAVE GREATLY INCREASED. However, the incoming revenue for the Home remains the

same. Medicaid pays \$1375.00 per resident per month. Without contributions and donations from outside sources the Home could not financially survive.

The single greatest expense for the Memorial Home in insurance. The property/liability and workman's compensations insurance has increased from \$54,000.00 this year to \$85,000.00 for 2022.

6. FUNDING REQUEST FOR BUDGET YEAR 2022

Please provide breakdown by categories:

| CATEGORY | PROGRAM SERVICES FY 2022 | ADMINISTRATIVE/ GENERAL FY 2022 | |
|------------------------------------|-----------------------------|------------------------------------|--|
| Supplies | \$113,250 | \$ | |
| Equipment (specify) | \$ | \$ | |
| Travel/Training | \$ | \$ | |
| Personnel | \$606,685 | \$ | |
| Marketing / Promotions (Insurance) | \$85,000 | \$ | |
| Other (specify) (Food & Pharmacy) | \$109,582 | \$ | |
| TOTAL REQUESTED | \$ | \$ | |

SECTION III:

ORGANIZATIONAL PROFILE AND PROJECT DESCRIPTION

Briefly state the history and purpose of your organization.
 This box is limited to 1400 characters including spaces, which is approximately 200 words.

The Memorial Home history goes back to August 1859. One hundred and sixty-three years of "caring for those who have cared for others". The Home was a homeless shelter before that term was ever in existence. In the early days, the residents worked the fields around the existing facility to provide for their meals. They cared for themselves and each other by washing their clothes in a washpot. They farmed and raised their own food and formed a community all their own.

For many years Laurens County subsidized the home financially. But in 2000 the County "sold" the Home to the Board of Directors for \$1.00. Since that time it has existed solely on the residents' financial ability to pay and from donations from churches, foundations, clubs, and individuals who have a heart for the less fortunate.

The maximum that any resident currently pays is \$1500.00 per month. Most pay much less.

The Home currently has 30 residents.

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.

As stated previously in this application, the Memorial Home was affected more financially by the pandemic than by the virus itself. From 40 to 45 residents, the Home went down to a low of 20. While all of the expenses, food, electricity, insurance all remained practically the same, the revenue was basically cut in half. Employees, who are required by DHEC regulations to be at certain levels, still had to be paid. There are 26 employees who work three shifts a day, seven days a week, to care for those who live there.

The Facility's property and liability, and workman compensation insurance increased THIS YEAR from \$54,000.00 to \$85,000.00. All basic expenditures have sky-rocketed.

Thankfully, the Home has not had to endure the death of anyone due to Covid, but it has been a constant battle of cleaning and disinfecting and just being aware of so many intangible forces to keep the virus from devastating the Memorial Home family. However, the "Covid Financial Bug" has been devastating and the American Rescue Plan funds can help us to restore the facility back to the loving, caring home that has been there since 1859.

3. How will any funding awarded be utilized?

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

Our Board feels that this is a one-time grant that probably will never be available again and this may be the only chance for the facility to make some of these expensive improvements. There are so many improvements that the Home could use. The kitchen and dining areas need to be refurbished with modern equipment and furnishings. So many of the tile floors need to be replaced. Bathrooms need new tile flooring and walls. And all must be done to meet DHEC regulation standards. Sitting areas need new furniture and window treatments. The resident's private rooms need new paint and window blinds.

The infrastructure at the Memorial Home has not been upgraded in DECADES. Forty-five to fifty people on septic tanks spells constant problems. The entire system needs overhauling.

The Home could really use a new full-time activities director and it would be wonderful to have a full-time nurse.

The residents could also benefit from a park area on the grounds where they could safely walk and exercise. An asphalt walking track would greatly enhance their being able to get outside on nice days; instead of the risk of an uneven parking lot that they now have.

Our Memorial Home family consists of many Laurens County citizens and a few from surrounding areas. We have former business executives, school teachers, an airline pilot, mothers, fathers, grandparents, aunts, uncles; and people from virtually all walks of life. Their needs are endless, but our fellow Laurens County citizens deserve no less than the best that we can possibly provide for them.

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.

The Laurens Memorial Home is overseen by a eight member Board of Directors (List attached). The Board receives ABSOLUTELY NO REMUNERATION WHATSOEVER. Our Board members even pay their own expenses and give of their time as a service to our community.

On a day-to-day basis, Ms. Mary Dunmoyer serves as the licensed Administrator. Her Assistant Administrator is Ms. Angela Coleman. A first shift medication room tech provides medication supervision for the residents. A total of 26 employees are on staff as required by DHEC, depending upon the number of residents.

Dining room cooks and staff are also on campus.

Current staffing levels should suffice for up to 45 residents.

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.

The Memorial Home is licensed as an Assisted Living Facility. Residents must be mobile, have the ability to dress themselves and do basic personal care for themselves. Once their ability lessens to the extent that they cannot care for their own basic needs, DHEC requires that they be moved to a nursing home facility.

However, the Memorial Home does maintain a very close relationship with other eldercare facilities in our area. Other residential homes in the County are quick to come to our rescue when a need arises. Personnel and staff share their knowledge and experience with the Home whenever they are asked.

Our Home and others are never hesitant about sharing goods; clothes, personal items and supplies, and food supplies are often swapped around among facilities when one has more than is needed. The Memorial Home enjoys the gift of "family" within the County community.

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**

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.

For 163 years the Laurens Memorial Home has continually carried out its mission. Financially, the Home almost closed this past year. But, the community would not let it happen. This much needed grant can carry the Home into the foreseeable future and with the climbing census, and the constant need for this type of facility to care for the elderly and less fortunate, our Board is confident that the Laurens Memorial Home for the Aged will carry on well beyond another 163 years.

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.

| Hay & Vunny | 3/24/2014 |
|--|-----------|
| Signature of Chief Executive Officer or Executive Director | Date |
| Mary B. Danney Administration | 3-11-202- |
| Name and Title (please print) | |
| | 3-23-22 |
| Signature of Chief Financial Officer or Board Chairperson | |
| Signature of Chief Financial Officer or Board Chairperson | Date |
| J. RUTLESHE JACKS, J. | |
| Name and Title (please print) | |

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

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

- 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 <u>all required signatures</u>.
 - 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.

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