

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:	\$ 16,000.00
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SECTION I: ORGANIZATION INFORMATION

Name of Organization:	Good Shepherd Free Medical Clinic of Laurens County
Contact Name and Title:	Beth Hinson- Executive Director
Mailing Address:	PO Box 1535
Street Address (if different)	245 Human Services Road
Phone Number:	864-833-0017
City, State and Zip Code	Clinton, SC 29325
Fax Number:	864-833-0709
Email Address:	beth.hinson@goodshepherdfreeclinic.org
Website:	goodshepherdfreeclinic.org
How long has your organization been in existence?	Since 1994- 28 years

NOTE: Attach a list of your organization's governance body: Board of Directors, Chief Officers and Executive Director.

Tax Status (check one)

- Tax-exempt charitable organization (501(c)(3)
- Other Tax-exempt (specify status)
- Church/Religious organization
- Other (specify) _____
- Governmental unit
 - Federal
 - State
 - Local
- Unincorporated association

Please attach a copy of your organization's IRS tax status determination letter (not applicable to government agencies or religious congregations). A tax exempt identification number is not sufficient.

Federal Employer Identification Number:	59-0996466
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FOCUS AREA: (check one)

- Arts
- Education
- Health and Wellness
- Human Needs
- Community Development
- Environment
- Public Safety
- Youth Development

PROGRAM SERVICES (check one)

- Children
- Families
- Youth
- Senior Citizens
- Other (Specify) Ages 18-64

Geographic area served:	Laurens County
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Percentage of service delivered to the <u>Citizens of Laurens County</u>	100 %
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SECTION II FINANCIAL INFORMATION

Applicant's overall operating budget: \$154,100.00 Fiscal Year 1/1/2021 to 12/31/2021
 M/D/YY M/D/YY

Please list the history of funding to your agency from the Laurens County:

Year	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.

We provide medical care to low income, uninsured residents of Laurens County. Using volunteer physicians and nurses, coupled with paid mid-level providers, we manage chronic disease states such as diabetes, hypertension, and obesity, as well as provide general primary care. Utilizing patient assistance programs and purchasing generic drugs for our own community based pharmacy, we are able to also provide our patients with prescription medications and testing materials.

Laurens County is considered to be a rural community and continues to struggle with its loss of textile industry from the county. The poverty rate for Laurens County is 20.3%. Residents struggle to find jobs paying minimum wage much less ones with benefits that they can afford. Our county has one of the lowest median incomes in SC and is a very high ranked healthcare professional shortage area; 1941 people to each primary care provider. Recent Community Health Needs Assessments ranked access to healthcare as one of the three main priorities Laurens County needs to address. 12% of the county's population is uninsured. It is these individuals that seek our help at Good Shepherd. 57% of our patients are diagnosed with hypertension. 28% of our patients are diabetics. 51% of our patients have BMIs that categorize them as obese. Diabetes is a very expensive disease for those that suffer from it. Medications, meters, strips, lab work, and follow up are prohibitive to the poor. Adding hypertension and obesity to some of these same patients (24% suffer from both diseases), makes them very high risk and treatment expensive. We have also seen an 11% increase in our patients suffering from depression and anxiety. While we attempt to have them referred to County Mental Health for more targeted assistance with these issues, there continues to be increased wait time having them seen. Our providers assist them until then.

The Good Shepherd meets a vital need for this segment of the population of Laurens County. We work hard to decrease the hospitalization rate of these patients by providing continuous care and medication. It is our intent to provide a healthier future to the patients we serve.

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
PPP Loan	2020	Staff Salaries	\$ 19,379.00
SC Cares	2021	Operating Costs	\$ 49,788.00
PPP Loan	2021	Staff Salaries	\$ 22,050.00
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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	Form 990	Form 990	2021 Budget
Municipal	\$	\$	\$
County	\$	\$	\$
State	\$	\$	\$
Federal other than COVID-19 Funds	\$	\$	\$
Foundation Grants	\$	\$	\$
Contributions/Federated Campaigns	\$	\$	\$
Membership dues	\$	\$	\$
Fundraising events	\$	\$	\$
TOTAL CONTRIBUTED INCOME	\$ 145,276	\$ 155,278	\$ 289,423

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)	\$ 145,276	\$ 155,278	\$ 289,423
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4. EXPENSES

	FY 2019	FY 2020	FY 2021
Program Services	\$ 162,182	\$ 170,275	\$ 145,675
Fundraising	\$	\$	\$
Administration, Management, General	\$	\$	\$
Other (Specify)	\$	\$	\$
TOTAL EXPENSES	\$ 162,182	\$ 170,275	\$ 145,675

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

SOURCE	TYPE OF IN-KIND SUPPORT
Prisma Health Systems	Labs, xrays, diagnostic tests for patients
PC Wellness Center	Diabetic Education Classes
PC Community Pharmacy	Volunteer staffing for prescription prep.
Servants for Sight	Patient eye-screening
Best Chance Network	Female Health exams (pap/mammo)

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

SOURCE	AMOUNT
PPP Loan	\$ 22,050
SCFCA/DHHS grant	\$ TBD
CW Anderson Foundation Grant	\$ 10,000
Prisma Sponsorship	\$ 20,000
TOTAL	\$ 52,050

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

6. FUNDING REQUEST FOR BUDGET YEAR 2022

Please provide breakdown by categories:

CATEGORY	PROGRAM SERVICES FY 2022	ADMINISTRATIVE/ GENERAL FY 2022
Supplies	\$ 4000.00	\$
Equipment (specify) AED device	\$ 2000.00	\$
Travel/Training	\$	\$
Personnel	\$ 10,000.00	\$
Marketing / Promotions	\$	\$
Other (specify)	\$	\$
TOTAL REQUESTED	\$	\$

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 Good Shepherd Free Medical Clinic is an interdenominational Christian mission, providing free medical care, medications and pastoral support to Laurens County residents who are without government assistance, or private insurance, or the financial resources to afford such care.

Patients must show proof of Laurens County residence and proof that they are at or above the 200% poverty level to qualify as a patient.

The Good Shepherd is staffed primarily with community volunteers and local volunteer medical providers. Along with providing medical visits by exemplary professionals, the Good Shepherd also purchases generic drugs to meet patient needs. With the help of Prisma Health Systems and Access Health, patients are also able to receive diagnostic testing and specialist referrals.

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.

Covid has certainly made the environment of a medical practice much more challenging over the last two years. We now have protocols patients must follow before being allowed into the Clinic. We also limit the number of patients allowed into the waiting room at any one time. Patients with Covid symptoms and others that request them are given telephone appointments instead of in person appointments. For a short period of time, our community pharmacy at PC was closed to the public. We were forced to pick up medications from the pharmacy and dispense them from the clinic. That situation has now returned to normal. The most lasting change we have had has been the loss of many of our volunteers. Many of them are older citizens that did not feel comfortable working during the height of the pandemic. Even though the situation has improved though, many of these individuals have not returned. The number of patients we are qualifying each week also continues to rise. Many of these patients lost insurance benefits with lost employment and the new jobs they are finding do not supply those same benefits.

3. How will any funding awarded be utilized?

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

We are seeking funding to meet several operational needs. The loss of volunteers has meant that we need to seek a part-time paid employee to be able to complete daily operational tasks such as scheduling and chart preparation. We also have identified the need to purchase an AED, automated external defibrillator. Our clinic providers have noted that best practice for medical clinics recommends having this equipment on site. The remainder of the requested funding would be used to offset costs of normal daily operations such as medication purchases and office supplies.

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 Good Shepherd Free Medical Clinic of Laurens County has been in operation for 28 years. With the continued support of the citizens, organizations, and foundations of Laurens County, we will continue to meet the medical needs of the working poor of our county. The PPP loans and SC Cares grant that we have recently received have helped to offset the loss of funding we relied on in the past. We will make every effort to seek funding dollars from local and state entities to ensure that services at the Good Shepherd continue.

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.

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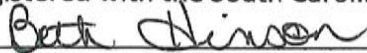
Currently there are no competing organizations in Laurens County providing the services we provide to this population. We are the only free clinic in the county and the only medical provider who exclusively serves the portion of our community population without insurance living at or below the 200% poverty level. But our community interactions are many and varied. We have an especially important working relationship with Presbyterian College. Not only do they provide the work force behind our community pharmacy, but a faculty member serves as our in-house pharmacy consultant and students from the pharmacy, PA program, and the undergraduate population serve as volunteers for us. The Prisma Hospital System provides laboratory testing and radiology services. Their Access Health program provides specialty referrals requested by our providers. Our providers are local physicians, nurse practitioners, physician assistants, nurses, and lay people who have a heart for this work.

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 the approximately 300 uninsured patients seen here last year in almost 1000 visits, the Good Shepherd is the only choice for medical care. We will continue to seek funding from all possible sources to ensure that we are able to continue these services. Prisma Health Systems and the PC School of Pharmacy will continue to be important partnerships for us. The SC Free Clinic Association along with the Department of Health and Human Services provide funding for our programs along with several local foundations and private citizens. We will also seek grants from Walmart and other local organizations.

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.



2/25/22

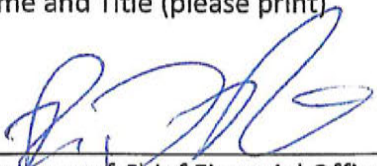
Signature of Chief Executive Officer or Executive Director

Date

Beth Hinson

Executive Director

Name and Title (please print)



2/25/22

Signature of Chief Financial Officer or Board Chairperson

Date

Mr. Davis Rice

Board Chairman

Name and Title (please print)

Good Shepherd 2022 Board of Directors

Joe Babb



Term ends Dec 2024

Nancy Goodbar, Pharm D



Phil Hall, Minister



term ends Dec 2023



Ginger Macmillan, Community Volunteer



Final Term Ends Dec 2022



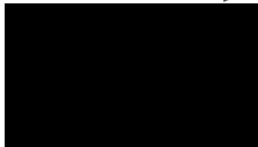
Chandra Mansell, RN



term ends Dec 2023



Michael Norrick, Director Finance Prisma Laurens



term ends Dec 2023



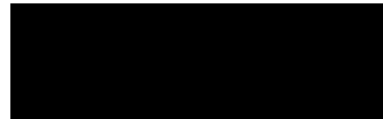
Davis Rice, Attorney



Final term ends Dec 2023



Vanessa Stoddard, former social worker



term ends Dec 2022



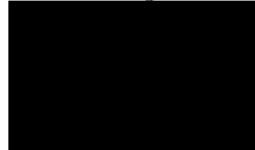
Lacresha Dowdy, Community Volunteer



Term Ends Dec 2024



Jeff Thompson, Banking



term ends Dec 2023



Dr. Sam Wilson, PRISMA-LCH Wound Care



term ends Dec 2022



Walter Patterson



Term Ends Dec 2024



Beth Hinson- Interim Director



OFFICERS for 2022

Chair: Davis Rice

Vice Chair: Chandra Mansell

Secretary: Ginger Macmillan

Treasurer: Jeff Thompson

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P O BOX 2508
CINCINNATI, OH 45210

DEPARTMENT OF THE TREASURY

D-
E-

Date: AUGUST 19, 1994

GOOD SHEPHERD FREE MEDICAL CLINIC
OF LAURENS COUNTY
P O BOX 1535
CLINTON, SC 29325-1535

Employer Identification Number:
57-0996466
Case Number:
584143064
Contact Person:
EP/EO CUSTOMER SERVICE UNIT
Contact Telephone Number:
(410) 962-6058
Accounting Period Ending:
December 31
Advance Ruling Period Begins:
February 14, 1994
Advance Ruling Period Ends:
December 31, 1998
Addendum Applies:
yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination status under section 509(a) of the Code. However, we have determined that you can be reasonably expected to be a publicly supported organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or a 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you don't meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on this determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

GOOD SHEPHERD FREE MEDICAL CLINIC

If we publish a notice in the Internal Revenue Bulletin stating that we will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fund-raising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which gives guidelines regarding when taxpayers may deduct payments for admission to or other participation in fund-raising activities for charity.

GOOD SHEPHERD FREE MEDICAL CLINIC

You are not required to file Form 990, Return of Organization Exempt from Income Tax. If your gross receipts each year are normally more than \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If you are required to file a return you must file it by the 15th day of the fifth month after the end of your annual accounting period. We charge a penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

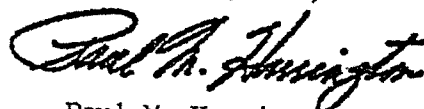
You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we said in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in you permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Paul M. Harrington
District Director

Enclosure(s):
Addendum