

# 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: \$ 50,000.00

**SECTION I:** 

#### ORGANIZATION INFORMATION

Name of Organization:	P.A.I.A LOWER EASTERN CHEROKEE NATION SC			
Contact Name and Title:	DEXTER SHARP, VICE CHIEF			
Mailing Address:	P.O.BOX 3988, IRMO,	P.O.BOX 3988, IRMO, SC 29063		
Street Address (if different)	3688 WARRIOR CREEK	CHURCH RD		
Phone Number:	864-906-5111			
City, State and Zip Code	GRAY COURT, SC 29645			
Fax Number:	N/A			
Email Address:	dsharplsc@gmail.com	23/4X		
Website:	www.paialecherokeenationsc.com			
How long has your organization	been in existence?	38 years		

NOTE: Attach a list of you and Executive Director.  Tax Status (check one)  X Tax-exempt charitable  Other Tax-exempt (specific church/Religious organ  Other (specify)	organizat	tion (501)			cal unit		er Officers
Please attach a copy of yo to government agencies or sufficient.						00 <del>0</del> 0	
Federal Employer Identific	cation Nu	mber:	57-	0791346	AKIÇIA		
☐ Arts ☐ Health and Wellness ☐ Human Needs  PROGRAM SERVICES (chec ☐ Children		Public Youth	Safe Dev	elopment ironment ety elopment · Citizens			
Geographic area served:		F	PIEDM	ONT AREA OF S	OUTH CARO	LINA	
Percentage of service del	ivered to	the <u>Citize</u>	ns of l	aurens County			100%
SECTION II		FINANC	IAL II	FORMATION	ı		
pplicant's overall operating	budget:	\$30,000	.00	Fiscal Year	1/1/21	to	12/31/21
		OMBLÉ A BRES G	ARE N	78.0.9 W 88.85	M/D/YY	is ibb	M/D/YY
Please list the history of fu	nding to y <u>Year</u>	our agen	icy fro	m the Laurens (	County:		
	2019		\$	0			
	2020		\$	0			
	2021		\$	4,000.00 ATAX			

# 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

The PAIA Cherokee Nation is in need of a storage building and restroom facility. Our Tribal Office, a 1972 mobile home, has deteriorated and is no longer habitable. We need a building to store items currently in the mobile home and also overrunning the Long House. The Long house is where we normally would hold all our meetings, gatherings, history classes and craft days. It is also where our museum is being set up. Having to use the long House for additional storage is preventing us from using the building as it was intended and our museum is unable to be completed.

The only restroom we have is in this uninhabitable mobile home and is unusable, therefore a new restroom is necessary to continue our on-site meetings and gatherings.

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 recieved	1 2		\$ 280
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n 2		0 2	\$
	0 9		\$
			\$
			\$
122,52 6 200,0		DEGES GET THE STREET	\$
reers al train		HAC 2 FECASIANONIN	\$ 188,8745

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	o oals bns amen	ently in the mobile	to store items curr
Municipal	\$	\$	\$
County	\$ and amaging	is preventing u\$1 c	s \$ rots Isnoitibbe
State	\$	to be complete?	e (\$100 zi museum
Federal other than COVID-19 Funds	\$	\$	\$
Foundation Grants	\$ -12-110 110 6	\$ 100 01 1/1522009	\$
Contributions/Federated Campaigns	\$ 1,182	\$	\$ 415
Membership dues	\$ 24,000	\$ 11,535.09	\$ 25,882
Fundraising events	\$ 1,400	\$ 0.89	\$ 5,930
TOTAL CONTRIBUTED INCOME	\$ 26,582	\$ 11,535.09	NI \$ LOV DAIGNU

#### 2. PROGRAM SERVICE REVENUE

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

#### 3. OTHER REVENUE

SOURCE	FY 2019	FY 2020	FY 2021
Publications (Newsletters, etc.)	\$ 0	\$ 0	\$ 0
Concessions and/or Merchandise	\$ 0	\$ 0	\$ 0
Advertising	\$ 0	\$ 0	\$ 0
Space Rental Fees	\$ 0	\$ 0	\$ 0
Other (specify)	\$	\$	\$
TOTAL EARNED INCOME	\$ 26,582	\$ 11,535	\$ 32,227

TOTAL COMBINED INCOME (1+2+3)	Ś	26.582	\$	11.535	\$ 32 227
TO THE COMBINED INCOME (2:2:5)	Υ	20,302	7	11,555	7 32,221

#### 4. EXPENSES

	FY 2019	FY 2020	FY 2021
Program Services	\$	\$	\$
Fundraising	\$	\$	\$
Administration, Management, General	\$	\$	\$
Other (Specify)	\$	\$	\$ zailagu
TOTAL EXPENSES	\$ 30,562.97	\$ 9,334.82	\$ 22,957

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

SOURCE	TYPE OF IN-KIND SUPPORT
Volunteers	Cut grass, maintain property, clean buildings
2	Organization and catalog museum items.
AND SEOTECT DESCRIPTION	Time spent on programs with schools is also volunteer
	Briefly state the history and ourgose of your organication.

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

SOURCE	AMOUNT
Pow Wow September 2022	\$ 6000.00
Advertising	\$ 1000.00
Supplies anilone0 rimo2 tuoris	\$ 1500.00
dance in its and the said and	\$
TOTAL	\$ 8500.00

Who in your c	rganization is responsible f	or fundraising?	
Staff	■ Board of Directors	☐ Consultants	
5. Will your	organization's 2022 budge	et be significantly diff	ferent than 2021 and prior years
☐ <b>Yes</b> (if yes,	explain in the box below)	XNo	Describe in detail how the pan-
	This box is limited to 880 character		

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

Please provide breakdown by categories:

CATEGORY	PROGRAM SERVICES ADMINISTRATIVE/ FY 2022 GENERAL FY 2022			
Supplies	\$	\$ (Micey) rentio		
Equipment (specify)	\$ 4	\$ SEEMERXE LATOT		
Travel/Training	\$	\$		
Personnel	ekindi supporti pleri\$ list be	f your organization rec\$ es "I		
Marketing / Promotions (ATAX)	\$ 4000.00	\$		
Other (specify)	\$ 140	\$ meshaliov		
TOTAL REQUESTED	\$ 4000.00	\$		

#### **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.

To promote Native American heritage and culture in the Piedmont Region of South Carolina. To enable Native American People in the covered area to engage in self-help projects for mutual aid and collective advancement.

To promote self-government of The Piedmont American Indian Association; and To engage in cooperative projects with other Indian organizations located in the state as to further the general welfare of Indian people throughout South Carolina.

We host Kids Days several times per year weather permitting. These activities teach children in our local schools of the historical ways of the Cherokee people. We are also host of Boy Scouts that come into our area from Georgia. All visits are attended with up to 800 children, chaperones, and leaders.

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.

We have been unable to have any Kids' Days and Boy Scout campouts, resulting in no income since 2019. We have had our Tribal Council meetings via zoom. The Council decided to have our 2021 Pow Wow. The crowd was small, but better than we expected.

3. How will any funding awarded be utilized?

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

We will use this funding to buy a pre constructed storage building to house supplies and equipment and we will add ADA restrooms to our existing Museum/education building. This will eliminate the need for rental of portable restrooms that must be on site at any given time and allow us to schedule tours for schools without the need of worrying about that logistical problem. This does come at a significant cost because this building was built on a slab and the floor where these restrooms will be will have to be removed plumbed and repoured.

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.

Despite the Pandemic we have continued to operate on a very limited basis but not because of the inability but because of the lack of visitors. We have extremely devoted volunteers who are ready at any given times to educate about our heritage. They are the Red Shirt Warrior Society, Women of the Spirit and class presenters all of which are volunteers and loyal tribal members.

 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.

We are active members of the local Chamber of Commerce. We are also a member of the Commission for Minority Affairs (CMA) where we get vital information on some of our many needs. We received Personal Protective Equipment (PPE) from them during the pandemic years. We also gave the PPE supplies to our community. We have worked with other Tribes and have given out over 350 boxes of fresh produce to people in need during the pandemic. We also worked very closely with the local community to expand our land by four acres adjoining our original property.

Just a note to say the community looks after our grounds. Some have even cut our grass when we could not do it.

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 funds for which we are asking will enable us to begin again with our Kids programs, boy scout campouts, and classes. We will be able to have a bigger and better Pow Wow as more people will come since the pandemic has slowed. We can open our Museum to the public. All of which will bring in revenue. We will continue to be self sufficient as an active Cherokee Tribe, which has been present in Laurens County for 600 years. With future generations of members coming after us, we can look forward to the next 600 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.

Defe Shap	
Signature of Chief Executive Officer or Executive Director	Date
Devier Sharp	Discuss your organization's
Name and Title (please print)	
Dommy R. Davders	03/23/2022
ne local Chamber of Commerce. We are also a member of the	
Signature of Chief Financial Officer or Board Chairperson	all A vision Date Disamino
Tommy R. Sanders	
exes of fresh produce to people in need during the pandemic.	
Name and Title (please print)	We also worked vary closely v

Make sure your application includes the following:

- your IRS Letter (if applicable),
- a list of officers, staff and board members.
- Completed application with <u>all required signatures</u>.
- o 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

# **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 <a href="http://www.scsos.com/">http://www.scsos.com/</a> or call 803-734-1790.
- Before submitting your application, please check to ensure that you have included the following:
  - your IRS Letter (if applicable), o a list of officers, staff and board members, o 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 <a href="www.laurenscounty.us">www.laurenscounty.us</a>.

Internal Revenue Service District Director

Date: JUN 2 8 1985

 Piedmont American Indian Association, Inc.
 P. 0. Box 2894 Greenville, SC 29602 Department of the Treasury

Employer Identification Number:
57-0791346
Accounting Period Ending:
December 31
Foundation Status Classification:
170(b)(1)(A)(vi) & 509(a)(1)
Advance Ruling Period Status: Begins April 24:
1984 and Ends December 31, 1985
Person to Contact:
R. Van Meter/1rj
Contact Telephone Number:
(404) 221-4516
File Folder Number:
580063275

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(c)(3) of the Internal Revenue Code.

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

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

Within 90 days after the end of your advance ruling period, you must submit to us 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, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section \* organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section \* status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section \* organization.

(over)

P. O. Box 1055, Atlanta, GA 30370

Letter 1045(DO) (Rev. 10-83)

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. 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 sections 2055, 2106, and 2522 of the Code.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

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.

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

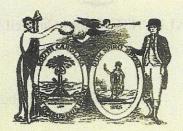
District Director



#### **PAIALECNSC Tribal Council Members**

Chief Mary Louise Worthy	Kimberly Lance
Vice Chief Dexter Sharp	Jeff Norwood
Scott Gephart	to the constant of the politic of the constant

# The State of South Carolina



# Office of Secretary of State Jim Miles

## Certificate of Incorporation, Nonprofit Corporation

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

# PIEDMONT AMERICAN INDIAN ASSOCIATION - LOWER EASTERN CHEROKEE NATION OF SOUTH CAROLINA.

a nonprofit corporation duly organized under the laws of the state of South Carolina on **January 6th**, **2000**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed a Declaration and Petition for Incorporation of a nonprofit corporation for Religious, Educational, Social, Fraternal, Charitable or other eleemosynary purpose.

Now, therefore, I Jim Miles, Secretary of State, by virtue of the authority in me vested, by Chapter 31, Title 33, Code of 1976 and Acts amendatory thereto, do hereby declare the organization to be a body politic and corporate, with all the rights, powers, privileges and immunities, and subject to all the limitations and liabilities, conferred by Chapter 31, Title 33, Code of 1976 and Acts amendatory thereto.

Given under my Hand and the Great Seal of the State of South Carolina this 6th day of January, 2000.

Jim Miles, Secretary of State