

SOUTH CAROLINA

Coronavirus Relief Fund | accelerate.sc.gov



SC CARES MINORITY AND SMALL BUSINESS RELIEF GRANT PROGRAM

A grant program for qualifying minority and small businesses to reimburse for some, or all, of the costs associated with costs incurred or expected to be incurred between March 1, 2020, and December 1, 2020. Please refer to the worksheet key, and fill in all of the required fields prior to downloading and submitting with your application.

WORKSHEET KEY

Input Required	Required Complete
Informational / Calculation	Section Notes Calculated Field

CALCULATION WORKSHEET

SECTION 1. IDENTIFYING INFORMATION

Business Name:

Business Address:

Contact Name:

Contact Email:

CHECK BOX WHEN SECTION 1 IS COMPLETE:

SECTION 2. OTHER AID RECEIVED

Program / Fund	Amount Received
Paycheck Protection Program (PPP):	
Economic Injury Disaster Recovery Loan (EIDL):	
Other Federal COVID grant funding:	
Other local grants in response to COVID-19:	
Business interruption insurance payments:	
Grand Total:	\$ -

Section 2. Help

- A)** Please include other aid the business received in response to the COVID-19 emergency
- B)** If there is **no other aid to report**, please indicate as such by entering **0.00** in the required field(s).

CHECK BOX WHEN SECTION 2 IS COMPLETE:

SECTION 3. MONTHLY GROSS REVENUE (2019 vs. 2020)

Month	A		B	C = (A - B)	
	2019 Revenue	2020 Revenue	Revenue Loss		
March			\$ -		
April			\$ -		
May			\$ -		
June			\$ -		
July			\$ -		
August			\$ -		
September			\$ -		
October			\$ -		
November			\$ -		
Actual Subtotal:	\$ -	\$ -	\$ -		
Projected Subtotal:	\$ -	\$ -	\$ -		
Grand Total	\$ -	\$ -	\$ -		

Section 3. Help

- A) Include:**
- **Actual** gross revenues (Mar 1, 2019 - Nov 30, 2019)
 - **Actual** gross revenues (Mar 1, 2020 - Sep 30, 2020)
 - **Projected** gross revenues (Oct 1, 2020 - Nov 30, 2020)
- B) Do NOT include:**
- "Other Aid Received", as identified in Section 2.
- C)** For months with **no revenue**, enter **0.00** into the required field(s).

CHECK BOX WHEN SECTION 3 IS COMPLETE:

SECTION 4. QUALIFYING EXPENSES MAR 1, 2020 - DEC 1, 2020

Month	E		F	G	H	I = sum(E:H)
	Staffing Costs	Operating Costs	Facility Costs	PPE	Monthly Total	
March, 2020					\$ -	
April, 2020					\$ -	
May, 2020					\$ -	
June, 2020					\$ -	
July, 2020					\$ -	
August, 2020					\$ -	
September, 2020					\$ -	
Actual Subtotal:	\$ -	\$ -	\$ -	\$ -	\$ -	
October, 2020					\$ -	
November, 2020					\$ -	
Projected Subtotal:	\$ -	\$ -	\$ -	\$ -	\$ -	
Grand Total:	\$ -	\$ -	\$ -	\$ -	\$ -	

Section 4. Help

- A) Please include:**
- **Actual** qualifying expenses for (Mar 1, 2020 - Sep 30, 2020) * Including expenses related to "Other Aid Received", as identified in Section 2.
 - **Projected** expenses for Oct 1, 2020 - Nov 30, 2020
- B) Qualifying Expenses:**
- Business staffing costs
 - Business operating costs
 - Facility costs
 - Personal Protective Equipment (PPE)

CHECK BOX WHEN SECTION 4 IS COMPLETE:

SECTION 5. REQUESTED AMOUNT (CALCULATION ONLY)

Instructions for calculating outside excel

- Enter Grand Total in "Revenue Loss" column from Section 3.
- Enter Grand Total in "Monthly Total" column from Section 4.
- Sum line 1 and 2
- Enter Grand Total in "Amount Received" column in Section 2.
- Line 3 less line 4
- Equal to the lesser value between \$25,000 and line 5

Calculation

1	Revenue Loss:	\$ -
2	Qualifying Expenses:	\$ -
3	Revenue + Expense Subtotal:	\$ -
4	Other Aid Received:	\$ -
5	Pre-Program Cap Total:	\$ -
6	TOTAL REQUEST:	\$ -

Section 5. Help

- A)** No input needed, calculation only
- B)** Grant funding eligibility and grant reimbursement amount will be based on the financial and other information provided, along with the required documentation. Grant eligibility will only be considered up to the grant award **maximum amount of \$25,000**.
- Maximum grant amount for which your business will be eligible. Final grant amounts will be determined by the evaluation panel. Grant awards will be between \$2,500 and \$25,000.

SECTION 6. FORM STATUS AND CERTIFICATION

Form Section Status

- Section 1 | Incomplete
- Section 2 | Incomplete
- Section 3 | Incomplete
- Section 4 | Incomplete
- Section 5 | Incomplete
- Section 6 | Incomplete

Statement

I certify that I am authorized to complete and submit this form on behalf of () and the information provided is complete and accurate to the best of my knowledge.

Type Name & Date

Name:

Title:

Date:

ENTER INTO ONLINE APPLICATION (III. FUNDING & ELIGIBILITY INFORMATION)

Instructions for calculating outside excel

- Enter Grand Total in "Amount Received" column in Section 2. | Line 1
- Enter Actual Subtotal in "2019 Revenue" column in Section 3. | Line 2
- Enter Actual Subtotal in "2020 Revenue" column in Section 3. | Line 3
- Enter Projected Subtotal in "2020 Revenue" column in Section 3. | Line 4
- Enter Actual Subtotal in "Monthly Total" column in Section 4. | Line 5
- Enter Projected Subtotal in "Monthly Total" column in Section 4. | Line 6
- Enter "Total Request" from section 5. | Line 7

TOTAL	
Incomplete	Other Aid Received
Incomplete	Actual Gross Revenue (Mar 1, 2019 - Nov 30, 2019)
Incomplete	Actual Gross Revenue (Mar 1, 2020 - Sep 30, 2020)
Incomplete	Projected Gross Revenue (Oct 1, 2020 - Nov 30, 2020)
Incomplete	Actual Qualifying Expenditures (Mar 1, 2020 - Sep 30, 2020)
Incomplete	Projected Qualifying Expenditures (Oct 1, 2020 - Nov 30, 2020)
Incomplete	Total Request