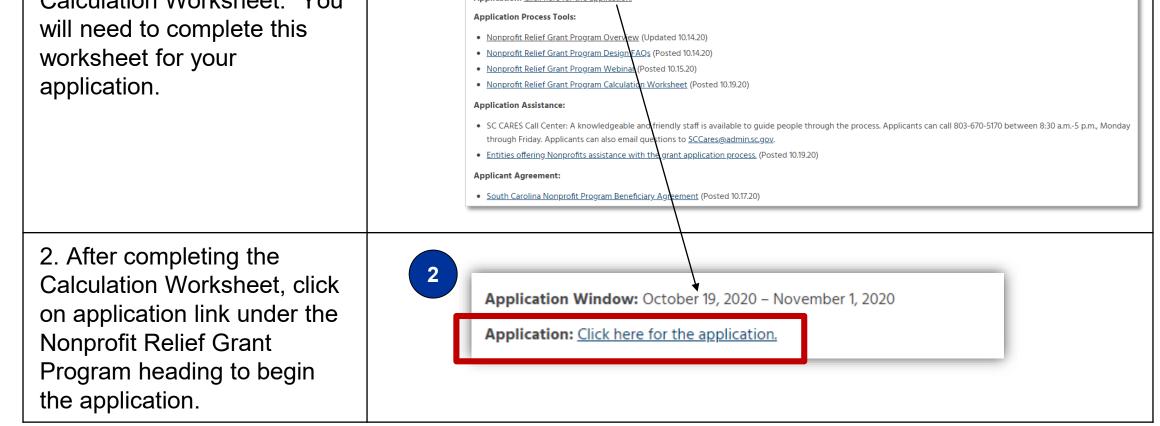
Receiving COVID-19 Relief Funds from the State of South Carolina is a simple online process. This document will help guide you through the steps to submit an application to request relief funding.	 Steps to request COVID-19 Relief Funding: Self-register and login to the portal to answer application questions. Provide required documentation. Submit your application. Resources available for assistance: SC CARES Call Center Help line: 803-670-5170 Open 8:30 a.m–5 p.m, EST Monday–Friday SC CARES Call Center Email: SCCares@admin.sc.gov For program communications, trainings, application, frequently asked questions: https://accelerate.sc.gov
Visit the accelerateSC website. Click on "CARES Act" in the top blue bar. Then click "Applying for SC CARES Act Funds" in the dropdown menu: https://accelerate.sc.gov/cares- act/applying-sc-cares-act-funds Step 1: Scroll through the page for details on the two grant programs — Minority and Small Business Relief and Nonprofit Relief. Review the information in the Nonprofit Relief Grant Program section. Download and complete the "Nonprofit Relief Grant Program Calculation Worksheet." You	CARE AC Yeareacce Accounting on the contraction of the provided particle of the contraction of the provided particle of the contraction of the contractin contraction of the contraction of the con



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3. Fill out the information on the on the Self-Registration screen.

NOTE: Your username must be in the form of an email. (ex: jsmith@example.com)

4. Click on the blue "Submit" button at the bottom.

IMPORTANT:

- Business owners and providers with multiple TINs must complete one application for each TIN.
- Each application requires a ٠ unique registration and username.
- Applicants may create ٠ multiple usernames under the same email address. However, each username must be unique and must be in "email address" format (ex. jsmith@example.com).

5. Upon registering, you will receive a welcome email.

3	Registration for the SC CARES Minority and Small Business Relief Program and Nonprofit Relief Program
	Register
	* First Name
	First Name
	* Last Name
	Last Name
	* Email
	Enter a valid email
	* Username (Must be in format of email address)
	Enter a valid Username
	Phone
	Phone Number
	* Business or Nonprofit Name
	Business or Nonprofit Name"
	* Password
	Password
	* Confirm Password
	Confirm Password
	Passwords must be at least 10 characters and include at least one letter and one number.
	Already have an Account?
57A	
Your Name	e
low is your usernar cess your Minority	ne for the South Carolina's Small Business COVID Relief Program platform to and Small Business or Non Profit Grant.
ur Username : Vo	our Username

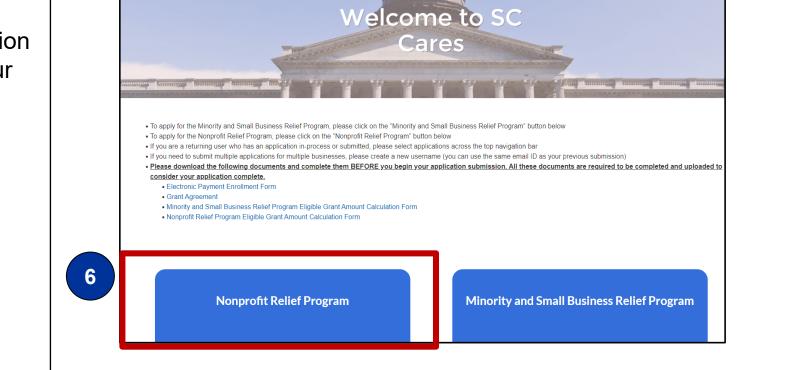
Thanks,

5

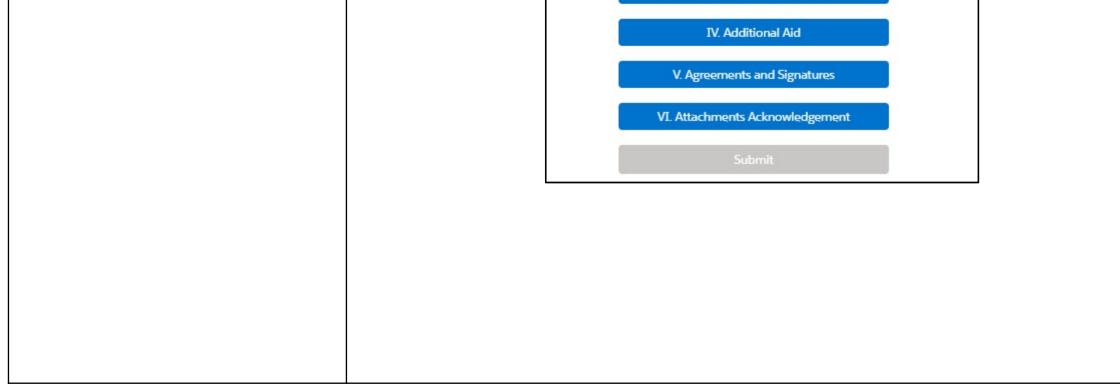
State of South Carolina

6. Click on the "Nonprofit Relief Program" button at the bottom of the application portal screen to begin your application.

Home



7. There are six sections of the application. All sections must be completed for				Home	Applications	•
consideration of your request. Each section must		N	ION-PROFIT APPLICAT	ION		
be filled out completely and saved once completed. You may return to completed sections if edits are needed.	Application Num SA-0490	per 7	Application Status New I. Identifying Information		Application Created I 7/26/2020, 8:58	
NOTE: The "Files" section is at the bottom of the page. This is where you will need			II. Registration Information III. Funding and Eligibility Information IV. Additional Aid			
to upload supporting documents when completing Section VI — Attachments Acknowledgement,			V. Agreements and Signatures VI. Attachments Acknowledgement Submit			
including your completed worksheet.			the Files upload below. Once you have to be acknowledger			
	Files (1)	Owner	Last Modified	Siz	e	Add Files
8. As you complete a section, it will update from blue to green. This indicates the section has been successfully completed.			NON-PROFIT APPLIC Application Status New I. Identifying Information	CATIO	N	
		8	II. Registration Information III. Funding and Eligibility Inform		J	



9. Section I — Identifying Information

Click on the Section I — Identifying Information button to open. Complete information related to your organization. Required fields will be marked with a red asterisk (*).

- A. Make sure to indicate that you are a nonprofit organization.
- B. If payment should be mailed to an address other than your Registration Address, please check the box and complete the mailing address information.
- C. Click the blue "**Save**" button at the bottom of the section. If a red error message occurs, you will need to return to the section and complete the needed field(s). Once satisfied you can click the "X" on the error message to close and click "Save" again.

Identifyi	ing Information
Nonprofit Organization Name (As Shown in Tax Records):	DBA(Doing Business As) or Other Known Name:
Sample Non Profit	
s this entity a 501 C 3 nonprofit regis A he IRS?	
	•
Yes	•
Business ID# (EIN/TIN/SSN) (No Dashes)	
570324929	
this Nonprofit Organization registered with the South Carolina Secretary of State?	
Yes	•
UNS Number (if known):	
123456789	
	Court of Drivery Louvier Wilking Co
City of Primary Location Within SC: Allendale	County of Primary Location Within SC: County of Allendale County X
	Allendale County Begin typing the name of the county, and select from the resulting list
nprofit Registration Address (As shown on Tax Records):	
reet	*State
P.O. Box 497, 2669 Sample Street	sc
ity	*Zip
Allendale	29108
ayment remittance address is different than business address check the box and provide address where ment will be sent.	2
iling Street	Ma line State
iling Street	Mailing State
iling City	Mailing Zip
rst Name	*Last Name
Bob	Sample
none	*Email
803) 123-1236	bob@SampleNonProfit.com
	Cancel Save

10. Section II — Registration Information

Required fields will be marked with a red asterisk (*).

- A. Click on check boxes for the types of COVID-19 related services your organization has provided.
- B. Click the blue "Save" button at the bottom of the section. If a red error message occurs, you will need to return to the section and complete the needed field(s). Once satisfied you can click the "X" on the error message to close and click "Save" again.

*Name of Principal Officer Robert Sample
Robert Sample
В
Cancel Sav

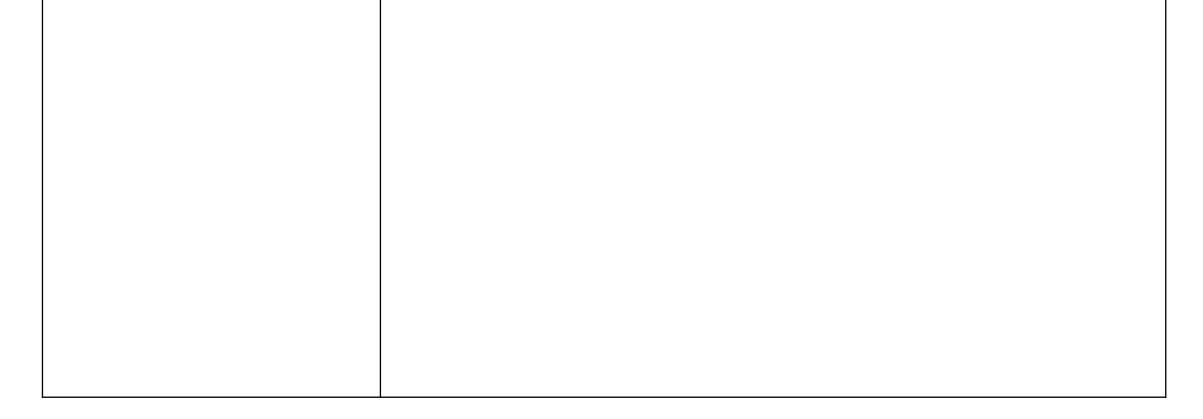
11. Section III — Funding and Eligibility

Information for these fields will be taken from your "Nonprofit Relief Grant Program Calculation Worksheet."

If you have not completed the worksheet, <u>click here</u> to download a copy. Complete the worksheet before proceeding with Section III.

A. Click the blue "**Save**" button at the bottom of the section. If a red error message occurs, you will need to return to the section and complete the needed field(s). Once satisfied you can click the "X" on the error message to close and click "Save" again.

	III. Funding and Eligibility Information	
	ition in operation on September 13, 2019?	
•None		
none		
Description of Nonprofit geo	ographic Service Area:	
Any increases in volume exp	erienced due to COVID-19:	
	mpacts of services provided, number of people served, and how the organization has had to adapt their service offerings in response to COVID-19:	
0		
*Actual Gross Receipts (Mar	r 1, 2019 - Dec 1, 2019):	
0		
Enter value from calculation *Projected Gross Receipts (
*Projected Gross Receipts (Oct 1, 2020 - Dec 1, 2020):	
*Projected Gross Receipts (Oct 1, 2020 - Dec 1, 2020): n worksheet	
*Projected Gross Receipts (<i>Enter value from calculation</i> *Actual Qualifying Expendit	Oct 1, 2020 - Dec 1, 2020):	
*Projected Gross Receipts (Oct 1, 2020 - Dec 1, 2020): n worksheet	
*Projected Gross Receipts (Oct 1, 2020 - Dec 1, 2020): <i>n worksheet</i> uures (Mar 1, 2020 - Sep 30, 2020):	
*Projected Gross Receipts (Oct 1, 2020 - Dec 1, 2020): n worksheet uures (Mar 1, 2020 - Sep 30, 2020): n worksheet	
*Projected Gross Receipts (Oct 1, 2020 - Dec 1, 2020): <i>n worksheet</i> uures (Mar 1, 2020 - Sep 30, 2020):	
*Projected Gross Receipts (Oct 1, 2020 - Dec 1, 2020): n worksheet uures (Mar 1, 2020 - Sep 30, 2020): n worksheet	
*Projected Gross Receipts (Oct 1, 2020 - Dec 1, 2020):	
*Projected Gross Receipts (Enter value from calculation *Actual Qualifying Expendit Enter value from calculation *Projected Qualifying Expen Enter value from calculation	Oct 1, 2020 - Dec 1, 2020): tworksheet uures (Mar 1, 2020 - Sep 30, 2020): tworksheet nditures (Oct 1, 2020 - Dec 1, 2020): tworksheet	
*Projected Gross Receipts (Oct 1, 2020 - Dec 1, 2020): It worksheet Itures (Mar 1, 2020 - Sep 30, 2020): It worksheet Itures (Oct 1, 2020 - Dec 1, 2020): Itures (nts will b
*Projected Gross Receipts (Enter value from calculation *Actual Qualifying Expendit Enter value from calculation *Projected Qualifying Expen Enter value from calculation	Oct 1, 2020 - Dec 1, 2020): It worksheet Itures (Mar 1, 2020 - Sep 30, 2020): It worksheet Itures (Oct 1, 2020 - Dec 1, 2020): Itures (nts will be
*Projected Gross Receipts (Enter value from calculation *Actual Qualifying Expendit Enter value from calculation *Projected Qualifying Expen Enter value from calculation *Maximum Grant amount fc between \$2,500 and \$50,000	Oct 1, 2020 - Dec 1, 2020): t worktheet t	nts will b
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*Projected Gross Receipts (Enter value from calculation *Actual Qualifying Expendit Enter value from calculation *Projected Qualifying Expen Enter value from calculation *Maximum Grant amount fc between \$2,500 and \$50,000	Oct 1, 2020 - Dec 1, 2020): t worktheet t	
*Projected Gross Receipts (Enter value from calculation *Actual Qualifying Expendit Enter value from calculation *Projected Qualifying Expendence Enter value from calculation *Maximum Grant amount fc between \$2,500 and \$50,00	Oct 1, 2020 - Dec 1, 2020): t worktheet t	nts will b
*Projected Gross Receipts (Enter value from calculation *Actual Qualifying Expendit Enter value from calculation *Projected Qualifying Expen Enter value from calculation *Maximum Grant amount fc between \$2,500 and \$50,000	Oct 1, 2020 - Dec 1, 2020): t worktheet t	nts will b
*Projected Gross Receipts (Enter value from calculation *Actual Qualifying Expendit Enter value from calculation *Projected Qualifying Expen Enter value from calculation *Maximum Grant amount fc between \$2,500 and \$50,000	Oct 1, 2020 - Dec 1, 2020): t worktheet t	nts will b
*Projected Gross Receipts (Enter value from calculation *Actual Qualifying Expendit Enter value from calculation *Projected Qualifying Expen Enter value from calculation *Maximum Grant amount fc between \$2,500 and \$50,000	Oct 1, 2020 - Dec 1, 2020): t worktheet t	



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12. Section IV —	IV. Additional Aid
Additional Aid	Federal COVID-19-related assistance includes, but is 12 b, amounts received under any of the following:
	 Paycheck Protection Program ("PPP") from SBA; CARES Act Provider Relief Fund from HHS;
Complete the three	 Accelerated and Advance Payment Program from HHS/CMS; Coronavirus Food Assistance Program ("CFAP") from USDA; Families First Coronavirus Response Act tax credits for required paid leave by small and midsize businesses;
questions.	 CARES Act employee retention tax credit; CARES Act essistance for non-profits from the National Endowment for the Arts; or
A. If additional aid has	HHS payments to health care providers and facilities for testing and treatment of uninsured individuals.
been received,	*Did your nonprofit receive ANY funding under the Paycheck Protection Program (PPP)?
complete the last	Yes
question with the	*Has your nonprofit Organization received any Federal, State or other grants or loans to assist with business interruption due to the COVID-19 public health emergency?
number from cell J100	Yes
	*Did your organization receive any non-transactional grant funds to provide services to the public related to the COVID-19 public health emergency?
on your worksheet. B. Click the blue " Save "	No V
	*If yes to any of the prior three questions, please provide the type of assistance and funding amount(s):
button at the bottom	Funding amounts from J100 on your worksheet and include a brief description
of the section. If a red	B
error message occurs,	
you will need to return	Cancel
to the section and	
complete the needed	
field(s). Once satisfied	
you can click the "X"	
on the error message	
to close and click	
"Save" again.	
13. Section V —	
Agreements and	13 V. Agreements and Signatures
Signatures	
	*I certify my nonprofit has been interrupted or impacted by COVID-19. The reduction in business, change in expenses, or other impact that forms the basis of my application is not primarily due to another cause unrelated to the COVID-19 public health emergency.
Certify all statements by	"I have provided complete and accurate information about my nonprofit, including financial information, as part of this application.
clicking all check boxes.	
A. Type your full name in	*I have provided complete and accurate information describing the nature and amount of any federal COVID-19-related assistance my nonprofit has received or will claim in 2020.
the bottom field.	Federal COVID-19-related assistance includes, but is not limited to, amounts received under any of the following:
B. Click the blue " Save "	Paycheck Protection Program ("PPP") from SBA; CARES Act Provider Relief Fund from HHS;
button at the bottom of	 Accelerated and Advance Payment Program from HHS/CMS; Coronavirus Food Assistance Program ("CFAP") from USDA;
the section. If a red	 Families First Coronavirus Response Act tax credits for required paid leave by small and midsize businesses; CARES Act employee retention tax credit; CARES Act assistance for non-profits from the National Endowment for the Arts; or
error message occurs,	 HHS payments to health care providers and facilities for testing and treatment of unisured individuals.
you will need to return	*I understand any grant agreement my nonprofit enters into with the State of South Carolina, the fact that my nonprofit receives a grant, and the amount of such a grant are all public records. Note: My nonprofit's financial information you provide as part of the application is exempt from disclosure under South Carolina's public records laws to the extent the records are trade secrets, etc. covered by Section 30-4-40 of the S.C. Code.
to the section and	
complete the needed	*Both my nonprofit and I will comply with all Internal Revenue Service requirements relating to the tax status of any grant received. I understand I am responsible for consulting any tax or legal professionals I believe necessary to ensure I comply with this requirement. Additional information is available at: https://www.irs.gov/newsroom/cares-act-coronavirus-relief-fund-frequently-asked-questions
field(s). Once satisfied	
you can click the "X"	"I certify that the specific costs in this application were not requested from another funding source, or if they were requested, the other source has not yet approved the funding. Further, I certify that if I do receive funding for the costs in this project application, I must notify the State, and funding will be reconciled to eliminate duplication.
on the error message	*I am submitting this Application on behalf of my nonprofit and have full legal authority to do so.
to close and click	
"Save" again.	*I dec A sapplication, and all information provided in support of this application, has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.
	*Full Name ate (this field will auto-populate)
	B
	Cancel Save

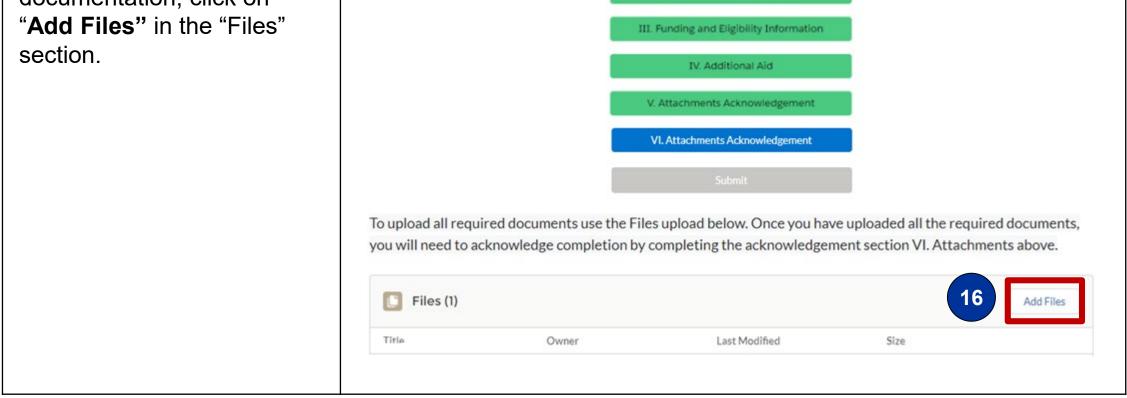
14. Section VI — Attachments and Acknowledgements

Documents listed in this section will need to be uploaded to the website under "Files" to complete your application. Make note of the needed documents.

15. Click **CANCEL** in the white box at the bottom of the section to see the "Files" upload tool.

	14 VI. Attachments Acknowledgement
	Attachments are needed to prove and verify certain claims made in the application. Each needed attachment has a justification behind it. Applications lacking correct documentation or missing information may be deemed incomplete and ineligible for funding.
	To upload all required documents use the Files upload at the bottom of your application home page. Once you have uploaded all the required documents, you will need to acknowledge completion in
nis	this section by checking the checkboxes. Required Documents
9	Nonprofit Relief Program Eligible Grant Amount Calculation Form
ite	
ete	Documentation of nonprofit operations: *IRS Form W-9 Request for Taxpayer Identification Number and Certification
e note ents.	*Current registration letter or Letter of Existence
	*Verification of 501(c)(3) Status — IRS Determination Letter
the tom of	*IRS Form 990/990N
Э	*2019 Budget - Gross Receipts
	*2020 Budget - Gross Receipts
	*Year-to-date Budget (preferably through September 2020)
	*Documentation of Qualifying Expenditures (below are examples of documents to be provided; please only attach the documents that are relevant to your application.) For Revenue Loss (Section 3 of application worksheet): • Most recent Form 990 or Form 990-N • Financial Statements • Certified Accountant Statement
	 Certified Accountant Statement For Qualifying Expenditures (only submit documentation for those requested in Section 4 of application worksheet) Certified Payroll Records Invoices(s)/receipt(s) of purchase Contract(s) and/or purchase order(s) Rent, lease or mortgage statements for real property (not to include personal residence) Rent, lease or purchase statement for business property (not to include personal residence) Utility bill(s) (not to include utilities for personal residence)
	Documentation required by state to pay applicant if grant funds are awarded: *Electronic Payment Enrollment Form
	*Grant Agreement
	*Calculation Spreadsheet
	15 Cancel Save
uirod	I. Identifying Information
uired	II. Ownership Information

16. To upload the required documentation, click on

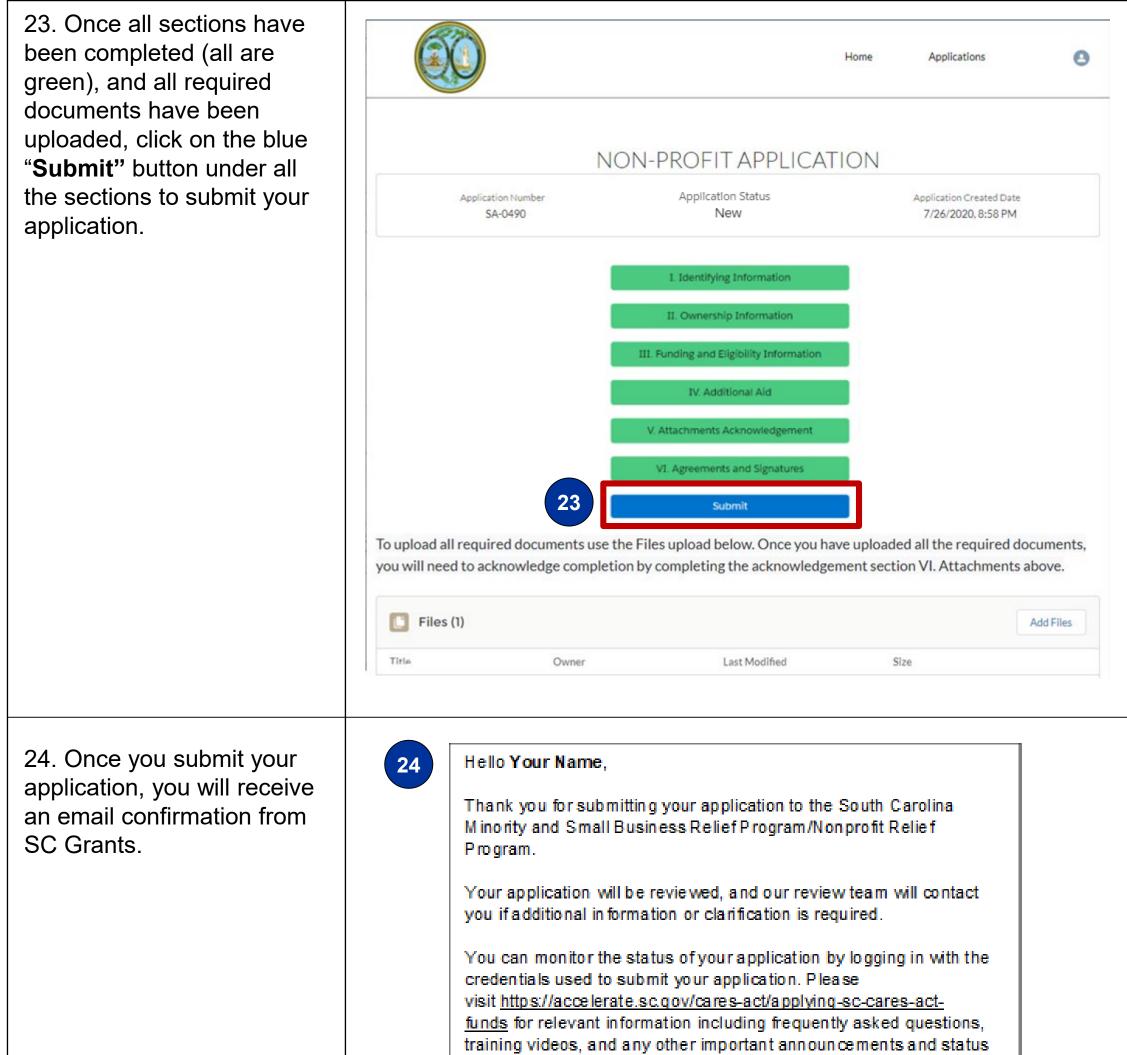


17. Click on " Upload Files."	17	Select Files
	 ▲ Upload Files Owned by Me Shared with Me Recent 	Q Search Files You don't have any files here. Try a different filter, or upload a file.
	Following	
	0 of 10 files selected	Cancel Add
 18. Select the file(s) you want to upload. 19. Click on "Open" or double click on the file name. You can also select multiple files at once to 	This PC > Documents > Test v folder Intr ^ I8 ortr ^ I8 <portr ^="" i8<="" p=""> <portr ^="" i8<="" p=""> ortr ^ I8 <portr ^<="" th=""><th>✓ v Search Test Status Date modified ✓ 10/11/2020 1:10 PM Microsoft Word Doc 19</th></portr></portr></portr>	✓ v Search Test Status Date modified ✓ 10/11/2020 1:10 PM Microsoft Word Doc 19
upload.	File name: Test File	V All Files V Open Cancel

20. Once the file has successfully uploaded, click on "**Done**." Repeat the upload steps to upload all the required documents.

Test File.docx	
DOC 18 KB	
1 of 1 file uploaded	20 Done

21. Click on Section VI — Attachments and Acknowledgements.		Home	Applications	0	
	NON-PROFIT APPLI	PLICATION			
	Application Number Application Status SA-0490 New	e, mon	Application Created Date 7/26/2020, 8:58 PM		
	I. Identifying Information II. Ownership Information III. Funding and Eligibility Inform IV. Additional Aid	1			
	V. Attachments Acknowledger	ment			
	21 VI. Attachments Acknowledger Submit	nent			
22. Complete the section while verifying that all	22 VI. Attachments Ackno	wledgement			
support documents have been uploaded to your application.	Verifying that all ort documents have uploaded to your cation. Nonprofit Relief Program Eligible Grant Amount Calculation Form				
Certify by clicking the check box below each document. A. Click the blue " Save " button at the bottom of the section. If a red error message occurs, you will need to return to the section and complete the needed field(s). Once satisfied you can click the "X" on the error message	Nonprofit Relief Program Eligible Grant Amount Calculation Form Documentation of nonprofit operations: *IRS Form W-9 Request for Taxpayer Identification Number and Certification • *Current registration letter or Letter of Existence • •Verification of 501(c)(3) Status – IRS Determination Letter • •/Verification of 501(c)(3) Status – IRS Determination Letter •/IRS Form 990/990N • •/2019 Budget - Gross Receipts •/2020 Budget - Gross Receipts •/Year-to-date Budget (preferably through September 2020)				
to close and click "Save" again.	Documentation of Qualifying Expenditures (below are examples of documents to be provided; please only attach the o G For Revenue Loss (Section 3 of application worksheet): Most recent Form 990 or Form 990-N Financial Statements Certified Accountant Statement For Qualifying Expenditures (only submit documentation for those requested in Section 4 of application wo Certified Payroll Records Invoices(s)/receipt(s) of purchase Contract(s) and/or purchase order(s) Rent, lease or mortgage statements for real property (not to include personal residence) Rent, lease or purchase statement for business property (not to include personal residence) Utility bill(s) (not to include utilities for personal residence) Documentation required by state to pay applicant if grant funds are awarded: *Electronic Payment Enrollment Form "Crant Agreement "Crant Agreement "Clausiation Spreadsheet "Clausiation Spreadsheet"		o your application.)		
				Cancel Save	



updates.

If you have any additional questions, you can reach our call center at: (803) 670-5170 (available from 8:30AM – 5PM Eastem) or email us at <u>SCC ares@admin.sc.gov</u>

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Thank you! SC Cares

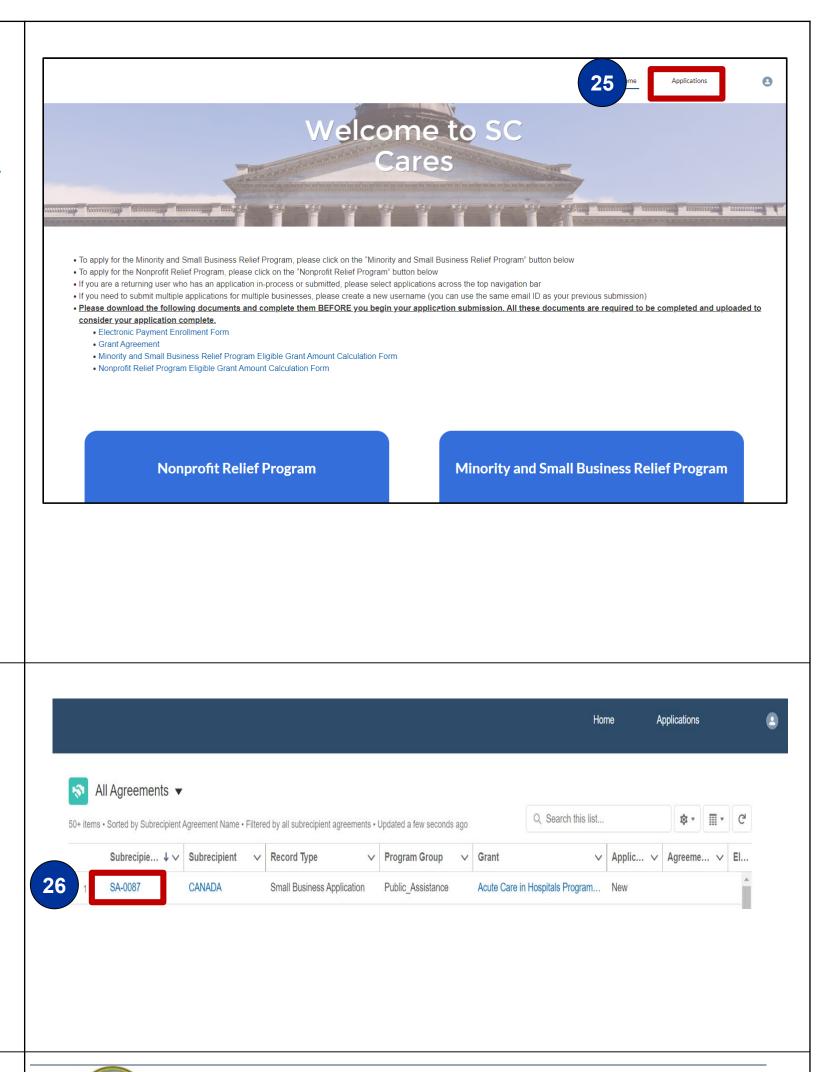
25. If you exit your application prior to submitting, you can log back into the portal (<u>https://sccares.force.com/S</u> <u>mallBusiness</u>) and continue your application.

Log in and click on the "**Applications**" tab at the top of the page. NOTE: **Do not** click on the blue "Nonprofit Relief Program" button at the bottom of the screen.

You can also follow these steps to check your application status once it has been submitted.

26. Once you click on the "Applications" tab at the top of the page, your application(s) will be listed.

To open and view an application, click on the ID number (SA-0000).



27. If your "Application Status" is set to "New," you can make updates to your application sections and submit the application.

n " you 📃		Home	Applications	0
o your and on.		NON-PROFIT APPLICATION		
	Application Number SA-0490	27 Application Status New	Application Created Date 7/26/2020, 8:58 PM	
		1. Identifying Information		
		II. Ownership Information		
		III. Funding and Eligibility Information		

