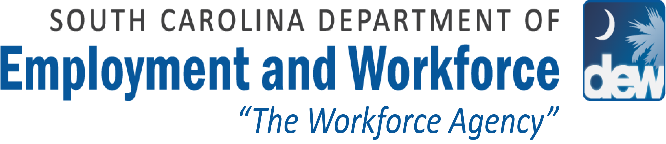
**­­SC-CAP Phase 3 Application**

**Eligibility Requirements:**

**To be eligible for this grant program your company must be a manufacturer with a physical location in SC for at least one year and must have at least four full-time employees.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***SECTION 1. Company/Contact Information*** | | | | | | | | | | | | | | | | | |
| **Company Name (as registered with the state of South Carolina)** | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| ***Primary Location Information:*** | | | | | | | | | | | | | | | | | |
| **Street Address:** | | | | | **Street Address 1:** Click or tap here to enter text. | | | | | | | | | | | | |
| **Street Address 2:** Click or tap here to enter text. | | | | | | | | | | | | |
| **Street Address 3:** Click or tap here to enter text. | | | | | | | | | | | | |
| **City:** Click or tap here to enter text. | | | | | | | | **State:** Click or tap here to enter text. | | | | |
| **County:** Click or tap here to enter text. | | | **Country:** Click or tap here to enter text. | | | | | **ZIP:** Click or tap here to enter text. | | | | |
| Check if Mailing Address is the same as the address above.  If no, please list Mailing Address below: | | | | | | | | Yes  No (list under mailing address) | | | | | | | | | |
| **Mailing Address:** | | | | | **Mailing Address 1:** Click or tap here to enter text. | | | | | | | | | | | | |
| **Mailing Address 2:** Click or tap here to enter text. | | | | | | | | | | | | |
| **Mailing Address 3:** Click or tap here to enter text. | | | | | | | | | | | | |
| **City:** Click or tap here to enter text. | | | | | | | | **State:** Click or tap here to enter text. | | | | |
| **County:** Click or tap here to enter text. | | | **Country:** Click or tap here to enter text. | | | | | **ZIP:** Click or tap here to enter text. | | | | |
| ***Primary Contact Information:*** | | | | | | | | | | | | | | | | | |
| **Business Contact Name:** | | | | | **First Name:** Click or tap here to enter text. | | | | | | | | | | | | |
| **Middle Initial:** Click or tap here to enter text. | | | | | | | | | | | | |
| **Last Name:** Click or tap here to enter text. | | | | | | | | | | | | |
| **Title:** Click or tap here to enter text. | | | | | | **Primary Phone:** Click or tap here to enter text. | | | | | | |
| **Alternative Phone:** Click or tap here to enter text. | | | | | | **Fax:**  Click or tap here to enter text. | | | | | | |
| **Email:** Click or tap here to enter text. | | | | | | | | | | | | |
| **Company Website Address:** Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| ***Primary Company Information:*** | | | | | | | | | | | | | | | | | |
| **Federal Employer ID Number (EIN) / Federal Tax ID (FEID)** | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Industry Title (NAICS):** | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Number of Employees:** | 1-20 | | 20-50 | | | 50-99 | 100-200 | | 200-300 | | | 300-400 | | 400-500 | | | 500+ |
| **Are you a Federal Contractor?** | | Yes, I am a Federal Contractor  No, I am not a Federal Contractor | | | | | **Do you operate in the Dept. of Defense supply chain?** | | | | | | | | | ☐ Yes  ☐ No | |
| ***SECTION 2. Other Company Information*** | | | | | | | | | | | | | | | | | |
| **Number of Locations in SC:** Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| **Location of Primary Facility:** Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| **Brief Company Description:** Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| **Products Manufactured At Primary Location:**  Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| **Location of Other SC Facilities:** Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| **Check each special characteristic that applies to your company:** | | | | | | | Minority Owner | | | | | Veteran Owner  Women Owner | | | | | |
| **Specific Standard of Interest (pick one please):** | | | | | | | CMMC  NIST800-171 | | | | | ISO27001  ISO 27001 & TISAX Combined  TISAX | | | | | |
| ***SECTION 3. IT Profile*** | | | | | | | | | | | | | | | | | |
| **What is the number of information system devices that you are currently managing? (Please indicate quantity of each in following table.)** | | | | | | | | | | | | | | | | | |
| Cell Phones (Mobile Devices) | | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Laptops | | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Desktops | | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Servers | | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Firewall(s) | | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Wireless Access Points (WAP) | | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Have you ever had malware, suffered a breach or cyber-attack? | | | | | | | | | | ☐ Yes  ☐ No | | | | | | | |
| If you think you have not suffered a cyber-attack, what systems are in place to know if you did? | | | | | | | | | | Click or tap here to enter text. | | | | | | | |
| Do you have a dedicated FTE who supports your IT environment, or do you outsource to all or part MSP (Managed Service Provider), MSSP (Managed Security Service Provider) or Break/Fix (Call when service is needed)? | | | | | | | | | | Dedicated FTE  Outsource to MSP | | | | | Outsource to MSSP  Break/Fix | | |
| Do you have an annual budget for IT equipment, upgrades and updates? | | | | | | | | | | ☐ Yes  ☐ No | | | | | | | |
| Does your organization have up to date drawings that depict the core networking components and/or information flow through the network? | | | | | | | | | | ☐ Yes  ☐ No | | | | | | | |
| When was last time your organization had a risk assessment or security assessment? | | | | | | | | | | Click or tap here to enter text. | | | | | | | |
| What IT Policies and Procedures are in place? (It is okay right now if none are documented.) | | | | | | | | | | Click or tap here to enter text. | | | | | | | |
| What types of Sensitive Information do you process (Controlled Unclassified Information, International Traffic in Arms Regulations, Personal Identifiable Information, etc.)? | | | | | | | | | | Click or tap here to enter text. | | | | | | | |

***PLEASE READ – IMPORTANT APPLICATION INFORMATION***

*Applications must be submitted via e-mail to* [*sccap3@scmep.org*](mailto:sccap3@scmep.org) *no later than 11:59pm on March 31, 2025. Applications will not be accepted after the deadline. If you would like assistance to complete this form, please contact your SCMEP Regional Vice President with ‘SC-CAP Phase 3 Assistance Request’ in the subject line.*

|  |  |
| --- | --- |
| ***Signature:*** | ***Title:*** Click or tap here to enter text. |
| ***Print Name:***Click or tap here to enter text. | ***Date:*** Click or tap to enter a date. |