



**GRANT AGREEMENT**

**BETWEEN**

**SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH**

**AND**

**Kershaw County Health Services District**

**(The Recipient)**

**FY 2025**

The Agreement shall be between South Carolina Department of Public Health (DPH) and the Recipient.

**Kershaw County Health Services District (Contractor)**

This Agreement by and between the South Carolina Department of Public Health (DPH) and **(the Recipient)** a Local Government existing under the laws of South Carolina, is to provide for the distribution of funds \$1,500,000.00 **(non-recurring funds)** appropriated in 2024 **H.5100, Part 1B, Proviso 118.20**.

The parties agree as follows:

**A. STATEMENT OF PURPOSE:**

The purpose of the Agreement is to provide funding to Recipient, in support of the

**Kershaw County Indoor Pool & Community Health Center** (The Project)

This Agreement furthers DPH's statutory mission and serves the public purpose.

**B. SCOPE OF SERVICES:**

The Recipient shall utilize the funds for the activities and services **(The Project)** as outlined in the attached Earmarked Appropriations Disbursement Request Form as completed with supporting documents, which will be incorporated into this Agreement upon acceptance under Paragraph D.

**C. TERM:**

This Agreement shall be effective upon signature, calendar year **2024** and shall terminate on June 30, **2025**. Recipient's obligations under this Agreement shall survive termination.

D. PAYMENT:

1. Recipient shall submit a written request for payment not to exceed \$1,500,000.00 and shall include with the request the information on the attached Earmarked appropriations Disbursement Request Form (Exhibit I) including the following as required by Proviso 117.21 and Executive Order 2022-19.
  - a. An accounting of how the Funds will be spent (Planned Expenditure Summary),
  - b. Goals to be accomplished, and
  - c. Proposed measures to evaluate success in implementing and meeting the goals.
2. Upon acceptance by DPH, the request for payment will be incorporated into and made a part of this Agreement.
3. Recipient must register with SCEIS as a vendor and provide vendor information on the request for payment. If applicable, DPH will verify that the recipient's organization is registered as a business, nonprofit, or charitable organization with the South Carolina Secretary of State's Office. DPH will upload documentation of verification to the fully executed agreement packet.
4. Payment is contingent on DPH receipt of Funds.
5. DPH will transmit the Funds to Recipient by check delivered to:

Entity Name: **KershawHealth Db a Kershaw County Health Services District**

Contact: **Sallie Harrell**

Address: **PO Box 1558**

City: **Camden** State: **SC** Zip: **29021**

Phone: **(803) 243-0851** Fax: \_\_\_\_\_

Email: **sharrell@healthdistrictkc.org**

6. Source of Funds: State funds made available in the **FY2024-2025 H.5100, Part 1B, Proviso 118.19** as a nonrecurring distribution per legislative direction, effective July 1, 2024. DPH's Point of Contact for financial information regarding payments made under this Agreement:

**Meredith Murphy**  
**Budgets and Financial Planning**  
**South Carolina Department of Public Health**  
**2100 Bull Street**  
**Columbia, South Carolina, 29201**

E. REPORTING REQUIREMENTS; AUDITS:

1. Recipient shall submit quarterly, compliance reports via DPH's Earmarked Appropriations Reporting Portal. By **June 30th, 2025**, Recipient shall submit to DPH an electronic, end-of-fiscal year report containing a detailed accounting of its use of the Funds and the services completed in sufficient detail for DPH to determine Recipients compliance with the Scope of Services set forth in Paragraph B above.
2. Recipient must provide compliance reports within fifteen days after the reporting period outlining the status of the project, compliance with the scope of services, and documentation of expenditures. Recipient is subject to site visits from DPH to monitor compliance.
3. If the Project is not completed or the Funds have not been spent by **June 30, 2025**, Recipient shall include in its final report an explanation why the Funds have not been spent or the Project is not complete and an expected completion date by which it anticipates all funds will have been spent. Recipient shall also submit a final report with this information within 90 days after project completion or exhaustion of Funds.
4. Recipient will allow the State Auditor to audit or cause to be audited the Funds.

**F. PREVENTING AND REPORTING FRAUD, WASTE AND ABUSE:**

1. DPH has procedures and policies concerning the prevention and reporting of fraud, waste, and abuse (FWA) in agency-funded programs, including but not limited to those funded by federal grants such as Medicaid. No agency employee, agent, or Recipient shall direct, participate in, approve, or tolerate any violation of federal or State laws regarding FWA in government programs.
2. Federal law prohibits any person or company from knowingly submitting false or fraudulent claims or statements to a federally funded program, including false claims for payment or conspiracy to get such a claim approved or paid. The False Claims Act, 31 U.S.C. §3729-3733, and other “whistleblower” statutes include remedies for employees who are retaliated against in their employment for reporting violations of the Act or for reporting fraud, waste, abuse, or violations of law in connection with federal contracts or grants, or danger to public health or safety. Under State law, persons may be criminally prosecuted for false claims made for health care benefits, for Medicaid fraud, for insurance fraud, or for using a computer in a fraud scheme or to obtain money or services by false representations.
3. If Recipient or Recipient’s agents or employees have reason to suspect FWA in DPH programs, this information should be reported in confidence to DPH. A report may be made by writing to the Office of Internal Audits, DPH, 2100 Bull Street, Columbia, SC 29201; or by calling the DPH Fraud, Waste and Abuse Hotline at 803-898-4869 or toll-free at 1-866-206-5202. Recipient is required to inform Recipient’s employees of the existence of DPH’s policy prohibiting FWA and the procedures for reporting FWA to the agency. Recipient must also inform recipient’s employees, in writing, of their rights and remedies under 41 U.S.C. §4712 concerning reporting FWA or violations of law in connection with federal contracts or grants, or danger to public health or safety, in the predominant native language of the workforce.

**G. USE OF FUNDS:**

Recipient will not use, expend, or allow use or expenditure of the Funds for any purpose not authorized in and consistent with this Agreement. Unexpended funds distributed pursuant to this Agreement may be carried forward to succeeding fiscal years and expended for the same purposes. Recipient shall continue the reporting and monitoring required under this Agreement until all Funds are spent.

**H. RETURN OF FUNDS:**

The State of South Carolina reserves the right to all remedies available to it under law for the enforcement of this Agreement including but not limited to the right to demand repayment of any Funds that remain unused at completion of the project or that were used for purposes not authorized in this Agreement.

**I. NON-DISCRIMINATION:**

Recipient represents and agrees that it does not and will not practice discrimination, or use the Funds for purposes which discriminate, against persons by virtue of race, religion, color, sex, age, national origin, disability, veteran status, pregnancy, gender identity, sexual orientation, or any other basis prohibited by law.

**J. RECORDKEEPING:**

Recipient shall create and maintain adequate records to document all matters covered by this Agreement. Recipient shall retain all such records for six (6) years or other longer period required by law after termination, cancellation, or expiration of the Agreement or after final expenditure of Funds, whichever is later, and make records available for inspection, copying, and audit by DPH or other authorized agent of the State. If any litigation, claim, or audit has begun but is not completed or if audit findings have not been resolved at the end of the retention period, the records shall be retained until all litigation, claims, or audit findings involving the Funds have been resolved.

**K. REVISIONS OF LAW:**

The provisions of the Agreement are subject to revision of state or federal statutes and regulations and requirements governing (name of grant, etc.).

**L. PUBLIC INFORMATION:**

All information relating to distribution and use of the Funds, including all reports and documentation submitted to DPH under this Agreement, is subject to public disclosure under the South Carolina Freedom of Information Act and may be published on DPH’s internet web site.

**M. ATTACHMENTS:**

Attachments to this Agreement are incorporated into and made part of this Agreement.

**SOUTH CAROLINA  
DEPARTMENT OF  
PUBLIC HEALTH:**

**AS TO CONTRACTOR:**

**Kershaw County Health Services District**

BY: **Jessica E. Cornish**  
**10/17/2024, 7:17:44 AM**

Email: Appropriations@dph.sc.gov

Date: 10/17/2024

BY: **Emmily S. Gurley**  
**10/17/2024, 10:33:59 AM**

**DPH Division of Contracts**

Date: 10/4/2024

BY: Sallie Harrell  
**Signature Authority**

I verify I am authorized to execute this contract

**Sallie Harrell**  
**10/4/2024, 9:41:36 AM**

**Authorized Signature**

Executive Director  
**Title**

Date: 10/4/2024

**Vendor Registration ID: 7000030234**

**TaxID / Employer ID: 57-6005963**

**MAILING ADDRESS:**

SC DPH Office of Budgets  
and Financial Planning  
2100 Bull Street  
Columbia, SC 29201  
Phone: (803) 898-4222  
Fax: (803) 253-7637

Contact: **Sallie Harrell**

Address: **PO Box 1558**

City: **Camden** State: **SC** Zip: **29021**

Phone: **(803) 243-0851** Fax: \_\_\_\_\_

Email: **sharrell@healthdistrictkc.org**



# State of South Carolina Request for Contribution Distribution

10/4/2024

This form is designed to provide the information required by South Carolina in accordance with Proviso 117.21 of the appropriations act of 2024 and Executive Order 2022-19 for the DPH Leadership Review and Approval Process. The information shall be reviewed and approved by Agency Leadership within three (3) business days. This information must be reviewed and approved in order to release appropriated funds timely.

### Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$1,500,000.00	SC Department of Public Health	Kershaw County Health Services District - Indoor Pool and Community Center

### Plan/Accounting of how these funds will be spent:

Description	Budget	Explanation
Creation and construction of wellness, athletic, and health facilities in Kershaw County to include an indoor pool, complementary athletic equipment, and fields/courts for program offerings.	\$1,500,000.00	The total cost estimates are between \$12,000,000.00 and \$15,000,000.00. The funds allocated by DPH will help to further the Health Services District's mission of ensuring that every Kershaw County resident, regardless of age, enjoys a healthy life by promoting healthy living in Kershaw County.

Grand Total \$1,500,000.00

### Please Explain how these funds will be used to provide a public benefit:

The total cost estimates are between \$12,000,000.00 and \$15,000,000.00. The funds allocated by DPH will help to further the Health Services District's mission of ensuring that every Kershaw County resident, regardless of age, enjoys a healthy life by promoting healthy living in Kershaw County. Further, we anticipate that this project will add needed jobs in Kershaw County.

Select One

**Section 1: Goals Accomplished**

List the goals to be accomplished with the State funds received. Copy and paste the last line as needed to expand the list. Next, complete Section 2: Outcome Measures for each associated goal.

Goal	Description
1	Provide access to quality indoor recreation facilities
2	Provide access to quality children and adult wellness classes and education
3	Provide access to quality children and adult fitness programming
4	Provide jobs for Kershaw County residents
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If additional lines are needed, copy and paste Goal 15.

**Section 2: Outcome Measures**

Detail the outcome measures used to determine the success of the stated goals. The agency may request quarterly updates on actual performance data.

Measure	Description
1	Will track number of memberships obtained (some memberships will be at a reduced rate or gifted)
2	Will track number of classes scheduled and completed
3	Will track number of classes, events, and programs scheduled and completed
4	Will track employment rates for facilities
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If additional lines are needed, copy and paste Measure 15.



**State of South Carolina Request for Contribution Distribution**

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**Organization Information**

Entity Name	Project/Event Name	Amount/Appropriation Line Item
KershawHealth dba Kershaw County	Kershaw County Indoor Pool & Community Health Center	\$1,500,000.00

**Contribution Information**

Purpose	Kershaw County Health Services District - Indoor Pool and Community Center
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**Please explain how these funds will be used to provide a public benefit:**

The total cost estimates are between \$12,000,000.00 and \$15,000,000.00. The funds allocated by DPH will help to further the Health Services District's mission of ensuring that every Kershaw County resident, regardless of age, enjoys a healthy life by promoting healthy living in Kershaw County. Further, we anticipate that this project will add needed jobs in Kershaw County.

**Plan/Accounting of how these funds will be spent:**

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Creation and construction of wellness, athletic, and health facilities in Kershaw County to include an indoor pool, complementary athletic equipment, and fields/courts for program offerings.	\$1,500,000.00	The total cost estimates are between \$12,000,000.00 and \$15,000,000.00. The funds allocated by DPH will help to further the Health Services District's mission of ensuring that every Kershaw County resident, regardless of age, enjoys a healthy life by promoting healthy living in Kershaw County.
<b>Grand Total</b>	<b>\$1,500,000.00</b>	

**Organization Certifications**

- 1) Organization hereby gives assurance that no person shall, upon the grounds of race, creed, color, or national origin, be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity for which this organization is responsible.
- 2) Organization certifies that it will provide quarterly spending reports to the Agency Providing Contribution listed above.
- 3) Organization certifies that it will provide an accounting at the end of the fiscal year to the Agency Providing Contribution listed above.
- 4) Organization certifies that it will allow the State Auditor to audit or cause to be audited the contributed funds.

Sallie Harrell  
Organization Signature


Executive Director  
Title

Sallie Harrell  
Printed Name

10/14/2024  
Date

**Certifications of State Agency Providing Contribution**

- 1) State Agency certifies that the planned expenditure aligns with the Agency's mission and/or the purpose specified in the appropriations act of 2022.
- 2) State Agency certifies that the Organization has set forth a public purpose to be served through receipt of the expenditure.
- 3) State Agency certifies that it will make distributions directly to the organization.
- 4) State Agency certifies that it will provide the quarterly spending reports and accounting received from the organization to the Senate Finance Committee, House Ways and Means Committee, and the Executive Budget Office by June 30, 2025.
- 5) State Agency certifies that it will publish on their website any and all reports, accountings, forms, updates, communications, or other materials required by Proviso 117.21 of the appropriations act of 2022.
- 6) State Agency will certify to the Office of the Governor that it has complied with the requirements of Executive Order 2022-19 by June 30, 2025.

  
Agency Head Signature or Designee

10/16/2024  
Date

Dr. Edward Simmer  
Printed Name





**State of South Carolina Request for Contribution Distribution**

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Organization Information		
Entity Name	Project/Event Name	Amount/Appropriation Line Item
Kershaw County	Kershaw County Indoor Pool & Community Health Center	\$1,500,000.00

**Contribution Information**

Purpose	Contribution Information
Kershaw County Health Services District - Indoor Pool and Community Center	

Please explain how these funds will be used to provide a public benefit:  
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<b>Grand Total</b>	<b>\$1,500,000.00</b>
<b>Organization Certifications</b>	
<ol style="list-style-type: none"> <li>1) Organization hereby gives assurance that no person shall, upon the grounds of race, creed, color, or national origin, be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity for which this organization is responsible.</li> <li>2) Organization certifies that it will provide quarterly spending reports to the Agency Providing Contribution listed above.</li> <li>3) Organization certifies that it will provide an accounting at the end of the fiscal year to the Agency Providing Contribution listed above.</li> <li>4) Organization certifies that it will allow the State Auditor to audit or cause to be audited the contributed funds.</li> </ol>	

*Sallie Harrell*  
 Organization Signature

Executive Director  
 Title

Sallie Harrell  
 Printed Name

14 October 2024  
 Date

- Certifications of State Agency Providing Contribution**
- 1) State Agency certifies that the planned expenditure aligns with the Agency's mission and/or the purpose specified in the appropriations act of 2022.
  - 2) State Agency certifies that the Organization has set forth a public purpose to be served through receipt of the expenditure.
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  - 6) State Agency will certify to the Office of the Governor that it has complied with the requirements of Executive Order 2022-19 by June 30, 2025.

*Ed. Simmer*  
 Agency Head Signature or Designee

10/16/2024  
 Date

Dr. Edward Simmer  
 Printed Name