



GRANT AGREEMENT

BETWEEN

SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

AND

Louvenia D. Barksdale Sickle Cell Anemia Foundation Inc.

(The Recipient)

FY 2025

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

Louvenia D. Barksdale Sickle Cell Anemia Foundation Inc. (Contractor)

This Agreement by and between the South Carolina Department of Public Health (DPH) and **(the Recipient)** a Non-Profit existing under the laws of South Carolina, is to provide for the distribution of funds \$100,000.00 (**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

Project Hope (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 \$100,000.00 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: **Louvenia D. Barksdale Sickle Cell Anemia Foundation Inc.**

Contact: **Rhonda Young**

Address: **PO Box 191**

City: **Spartanburg** State: **SC** Zip: **29304**

Phone: **(864) 804-3411** Fax: _____

Email: **ryoung@ldbarksdalesc.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:**

BY: **Jessica E. Cornish**
11/19/2024, 6:47:51 PM

Email: Appropriations@dph.sc.gov

Date: 11/19/2024

BY: **Emmily S. Gurley**
11/20/2024, 11:24:36 AM

DPH Division of Contracts

Date: 11/20/2024

AS TO CONTRACTOR:

**Louvenia D. Barksdale Sickle Cell Anemia
Foundation Inc.**

BY: Rhonda Young
Signature Authority

I verify I am authorized to execute this contract

Rhonda Young
10/2/2024, 9:53:40 PM

Authorized Signature

Executive Director
Title

Date: 10/2/2024

Vendor Registration ID: 7000026975

TaxID / Employer ID: 57-0681682

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: **Rhonda Young**

Address: **PO Box 191**

City: **Spartanburg** State: **SC** Zip: **29304**

Phone: **(864) 804-3411** Fax: _____

Email: **ryoung@ldbarksdalesc.org**



State of South Carolina Request for Contribution Distribution

10/2/2024

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
\$100,000.00	SC Department of Public Health	Louvenia D. Barksdale Sickle Cell Anemia Foundation - Project Hope

Plan/Accounting of how these funds will be spent:

Description	Budget	Explanation
Emergency Patient Assistance	\$15,000.00	Client Assistance
Support Group Meetings	\$9,500.00	Monthly support group meetings at Fried Green Tomatoes
Educational Awareness and Marketing Materials	\$12,500.00	Awareness Brochures, Marketing, Billboards and Planners
Summer Camp	\$10,000.00	Day Camp for patients
Community Outreach and Engagement	\$35,000.00	Administration, Outreach Coordinator
Signature Events for Patients and Families/Caregivers	\$18,000.00	Take a Swing (Baseball), Top Golf, and Holiday Bowling

Grand Total \$100,000.00

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

Utilizing these funds will significantly assist with expanding supportive services through raising education and awareness, supportive services for patients and families such as monthly support group meetings and signature events, camp, emergency patient assistance, and community outreach and engagement. These funds will allow the organization to increase its impact in the sickle cell disease community. Project HOPE not only promotes awareness and understanding of sickle cell disease, but will also deliver tangible support to patients and families.

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	Emergency Patient Assistance Goals: Establish an Emergency Fund: Create a dedicated emergency fund to provide immediate financial assistance to patients and families facing crisis situations, such as hospitalizations or sudden medical needs. Streamline Application Process: Develop a straightforward application process to ensure rapid access to funds, including clear eligibility criteria and a fast turnaround time. Increase Awareness: Promote the availability of emergency assistance through community outreach to ensure that patients know how to apply and are aware of the resources available.
2	Host Day Summer Camp
3	Purchase Educational Awareness and Marketing Materials
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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	No. of monthly support group meetings
2	No. of patients and families served
3	Processing Time/Turnaround Time of application process
4	No. of community outreach and engagement initiatives, and signature events for patients and families
5	Legal and Professional Fees
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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
Louvenia D. Barksdale Sickle Cell Anemia Foundation Inc.	Project Hope	\$100,000.00

Contribution Information

Purpose	Louvenia D. Barksdale Sickle Sale Anemia Foundation - Project Hope
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Please explain how these funds will be used to provide a public benefit:

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Plan/Accounting of how these funds will be spent:

Explanation	Budget	Description
Emergency Patient Assistance	\$15,000.00	Client Assistance
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Community Outreach and Engagement	\$18,000.00	Take a Swing (Baseball), Top Golf, and Holiday Bowling
Grand Total	\$100,000.00	

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.

Rhonda Young
Organization Signature

Executive Director
Title

Rhonda Young
Printed Name

10-11-2024
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.

E. Simmer
Agency Head Signature or Designee

11/19/2024
Date

Dr. Edward Simmer
Printed Name