

State of South Carolina Request for Contribution Distribution

This form is designed to collect the information required by South Carolina in accordance with Proviso 117.21 of the appropriations act of 2022 and Executive Order 2022-19. This form must be submitted to the state agency that is providing the contribution for the designated organization. The state agency providing the contribution should use this form to collect information from the designated organization. The information must be collected from the designated organization before the funds can be disbursed.

Contribution Information	
Amount	State Agency Providing the Contribution
\$500,000	J020 - Department of Health and Human Services
	Purpose
	Sickle Cell Disease

Organization Information	
Entity Name	Louvenia D. Barksdale Sickle Cell Anemia Foundation
Address	Post Office Box 191
City/State/Zip	Spartanburg, SC 29304
Website	www.ldbarksdalesc.org
Tax ID#	57-0681682
Entity Type	Nonprofit Organization

Organization Contact Information	
Contact Name	Rhonda Young
Position/Title	Executive Director
Telephone	(864) 582-9420
Email	ldbarksdalesc@gmail.com

Plan/Accounting of how these funds will be spent:		
Description	Budget	Explanation
Sickle Cell Disease Research	\$100,000.00	Comprehensive Sickle Cell Center for Research (Prisma Upstate)
Marketing	\$35,000.00	Advertising and Educational Awareness Materials
Training and Development	\$10,000.00	Strategic Plan, Board and Staff Training and Board Retreat
Legal and Professional Fees	\$5,000.00	Accounting, Professional Membership Dues and Conference Fees
Consulting Fees	\$10,000.00	Development of Strategic Plan, Rebranding Strategies
Administrative (Salaries, Payroll Expenses and Benefits)	\$200,000.00	Community Outreach, RN, Virtual Assistant, Admin Assistant, etc.
Summer Camp	\$5,000.00	Camp Crescent (sickle Cell Day Camp)
Client Services	\$100,000.00	Client assistance (Rent, Utilities, Medication, Transportation, Food etc.)
Repairs, Maintenance and Equipment	\$35,000.00	Computers, Equipment repairs and Office maintenance
Grand Total	\$500,000.00	

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

Project HOPE (Health, Opportunities, Prevention, and Education) Since July 1987, in South Carolina, all newborns are screened for sickle cell before leaving the hospital. The Louvenia D. Barksdale Sickle Cell Anemia Foundation, founded in 1974, serves fifteen counties in the Upstate of South Carolina. The mission of the organization is "To optimize the quality of health care and the quality of life for individuals and families impacted by the presence of Sickle Cell Anemia disease." Through the implementation of Project HOPE, we will have the capability to address key areas that will align with the mission and vision of the agency. We will expand the current services provided and implement a multi-level strategy that will address education and awareness, transition from pediatric to adult care, mental health support, community outreach, transportation, and other supportive services. The agency will expand its partnership with the Comprehensive Sickle Cell Disease Program at Prisma Health-Upstate. Project HOPE will allow the organization to engage and connect the community, interact with health care professionals, and advocate for equitable health care for patients with sickle cell disease. We strongly believe that the funds received from this project will give us the resources to develop a continuum of care for the patients we serve. As we near the end of a five-year grant in partnership with Prisma Health-Upstate, Project HOPE will allow the agency to sustain the work that we've accomplished, and collectively, build upon initiatives that will monitor the quality of care for patients. We will create benchmarks that will show measurable outcomes through data collection. The Project will utilize the services of a Registered Nurse (RN), Licensed Social Worker, Community Outreach Coordinator, and a Community Advisory Board that will assist the agency in navigating professional education and training to hospital personnel to reduce the

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

Rhonda Young
 Printed Name

Executive Director
 Title

9-30-2022
 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, 2023.
- 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, 2023.

Jenny Shirling for Dir. Kerr
 Agency Head Signature

Jenny Shirling for Dir. Kerr
 Printed Name

10/4/2022
 Date