



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 Purpose
\$500,000.00	J020 - Department of Health and Human Services TO PROMOTE EDUCATION, AWARENESS, TESTING AND TREATMENT OF SICKLE CELL DISEASE RELATED

Organization Information	
Entity Name	COMMUNITY MEDICINE FOUNDATION
Address	1131 SALUDA STREET
City/State/Zip	ROCK HILL, SC 29730
Website	https://northcentralmed.com/
Tax ID#	25287477-8
Entity Type	Nonprofit Organization

Organization Contact Information	
Contact Name	ERNEST BROWN
Position/Title	CEO
Telephone	803-325-7744
Email	ERNESTBROWN@NCFMC.NET

Plan/Accounting of how these funds will be spent:		
Description	Budget	Explanation
SALARY	\$323,750.00	Includes Counselor, physician and Community health worker
BENEFITS	\$26,250.00	
TRAVEL	500.00	staff travel
WORKSHOP FORUMS	2,000.00	Conducted b y staff
SCREENINGS	10,000.00	Conducted by staff and contract BH provider
TREATMENT	25,000.00	89 screenings
FOLLOWUP	72,500.00	128 treatments cost, contract hematologist, suv
EVENTS	10,000.00	W/clinic quality staff and contract hematologist
	30,000.00	Outreach efforts into the city and 3 counties
Grand Total	\$500,000.00	

Please explain how these funds will be used to provide a public benefit:
 TO PROMOTE EDUCATION, AWARENESS, TESTING AND TREATMENT OF SICKLE CELL DISEASE RELATED MODALITIES

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.

Ernest Brown, CEO
Organization Signature
Ernest Brown

Dale S. Johnson
Printed Name

Grant Compliance Analyst
Title

Sept. 13, 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.

[Signature]
Agency Head Signature

Henry Stirling for Div. Kerr
Printed Name

10/18/2022
Date