



**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 |
| J020 - Department of Health and Human Services | Sickle Cell Disease                     |         |

**Organization Information**

|                |   |
|----------------|---|
| Entity Name    | Louvenia D. Barksdale Sickle Cell Anemia Foundation |
| Address        | Post Office Box 191                                 |
| City/State/Zip | Spartanburg, South Carolina 29304                   |
| Website        | www/ldbarksdaleasc.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          | ldbarksdaleasc@gmail.com |

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

| Description                         | Budget              | Explanation   |
|-------------------------------------|---------------------|---|
| Emergency Patient Assistance        | \$20,000.00         | Client assistance (Rent, Utilities, Medicaid, Transportation, Food, etc.) |
| Camp Crescent (Prisma)              | \$10,000.00         | Sickle Cell Day Camp (September)  |
| Support Groups and Events           | \$15,000.00         | Support Group Meetings and Patient/Family events                          |
| Community Outreach and Engagement   | \$45,000.00         | Community Outreach and Engagement Liaisons, RN, Virtual Assistant         |
| Educational and Awareness Materials | \$10,000.00         | Marketing materials for community distribution                            |
|                                     |                     |   |
|                                     |                     |   |
|                                     |                     |   |
|                                     |                     |   |
|                                     |                     |   |
|                                     |                     |   |
| <b>Grand Total</b>                  | <b>\$100,000.00</b> |   |

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

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". We will continue our work through the Project HOPE (Health, Opportunities, Prevention, and Education) initiatives. These funds will continue the organization to address key areas that will align with the mission and vision. We will continue our expansion of services through a multi-level strategy approach to address education, awareness, transition from pediatric to adult care, mental health support, transportation, and other supportive services. The funds will allow the agency to continue its partnership with the Comprehensive Sickle Cell Disease Program at Prisma Health Upstate. Project HOPE will allow the agency to expand its outreach through the services of Community Outreach and Engagement Liaisons, as well as a Registered Nurse to provide individualized Case Management services. We will continue to advocate for equitable health care for all patients impacted by the disease. Project HOPE funds will give us the resources to sustain the work we've accomplished, and collectively, build upon the initiatives that will monitor the quality of care for the patients we serve. This project will focus on emergent patient assistance, educational and awareness, support groups and 3 signature events for patients and families to participate.

**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.

*Shonda Young*  
 Organization Signature

*Executive Director*  
 Title

*Shonda Young*  
 Printed Name

*7-20-2023*  
 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.

Agency Head Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_