

**House Member Appropriation Request Form**

Member: Chandra Dillard Date: 2/2/23

Project/Event Name\*: Project Hope  
\*Please make sure name is how you would like it listed in the budget

Requested Amount: \$100.00

Recipient Entity: Louvenia D. Barksdale Sickle Cell Foundation

Is the final recipient a:  state agency,  local government,  non-profit, or  other?

If "other," please explain: \_\_\_\_\_

If a non-profit, is it registered and in good standing with the Secretary of State's Office? **Yes** or **No**

If no, please explain: \_\_\_\_\_

Recipient Entity Contact: Rhonda Young Title/Position: Executive Director

Contact Phone Number: (864) 582-9420 Email: ldbarksdale.sc@gmail.com

Recipient Entity Website: www.ldbarksdale.sc.org

Summary of Intended Use of the Funds: To develop educational materials, forums and resources for those with Sickle Cell in underserved communities

Please attach a requested project cost breakdown and any supporting materials or documents. **Are there any materials submitted with this form?**  **Yes** or **No**

Justification of Request/Public Benefit: See attached - Sickle cell awarness and client resources (healthcare)

*\*To be completed by House members only\**

Chandra Dillard  
Primary Member Sponsor – Please Print

Chandra Dillard 2/28/23  
Member Sponsor Signature & Date

Additional Sponsors: \_\_\_\_\_

Amount Recommended by House Member: \$100,000

## Earmark Disclosure Information

February 16, 2023

Representative Chandra Dillard

Project Name: ***Project HOPE*** (Health, Opportunities, Prevention, and Education)

\$100,000.00

Louvenia D. Barksdale Sickle Cell Anemia Foundation

Non-Profit

Federal Tax ID # 57-0681682 (IRS W-9 Form Attached)

Rhonda F. Young  
Post Office Box 191  
Spartanburg, South Carolina 29304  
(864) 582-9420  
[ldbarksdalesc@gmail.com](mailto:ldbarksdalesc@gmail.com)

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## ***Executive Summary***

Sickle Cell Disease (SCD) is a serious genetic disorder that causes painful conditions and affects people globally. Approximately 100,000 Americans live with sickle cell disease. Usually, this blood-related health disorder is inherited from one member of a family to another, whereby an individual produces excess hemoglobin, thus causing the development of rigid sickle shaped red blood cells. Particularly, the main problem caused by the disease revolves around the lifespan of these cells, as they tend to die early. This short lifespan does not match the constant generation of new cells, and hence, attracts health problems associated with the shortage of red blood cells. Sickle Cell disease causes severe pain to patients as it drastically affects the oxygen flow in the body system. Some of the common complications caused by sickle cell disease include damage to organs, acute chest syndrome, stroke, and premature deaths.

Although people with SCD are living longer, there is still much to be done. First, the disease results in a series of health complications that inflict pain to patients. Second, the complex system that seeks to provide care for the patients does not achieve the expected results. These challenges often lead to premature deaths among patients, thus contributing to an additional burden of the healthcare system. The costs and demands for sickle cell disease treatment are high and often unaffordable to patients. Patients are normally forced to access a wide range of medications, as the illness affects multiple organs. Therefore, it necessitates the cooperation of different partners to address the problem. Donations from companies, individuals, and governmental agencies will play a key role in ensuring that patients impacted by SCD receive the necessary medical attention that would extend their lifespan. These critically needed resources will also be utilized to provide facilities that will improve access to care and research concerning sickle cell disease.

### ***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 quality of life for individuals and families impacted by the presence of Sickle Cell Anemia disease."* Through the implementation of Project Hope, we have increased awareness through sickle cell disease research with our collaboration with the Comprehensive Sickle Cell Disease Center at Prisma Upstate. We have increased our visibility as community advocates, through education and awareness activities for the patients and families we serve. We have outlined a plan for sustainability and developed a continuum of care for our patients in both clinical and non-clinical settings. The additional funds will continue our efforts to expand our reach by providing resources and supportive services to more underserved communities. We will be able to continue with the services of a Registered Nurse (RN), Community Engagement Specialist, Community Outreach Coordinator, and our collaboration with the Community Advisory Board. Additionally, the funds will be used to develop educational and materials and resources that will allow us to raise awareness about the disease. Through *Project Hope*, the LD Barksdale Sickle Cell Anemia Foundation will be able to continue to provide much-needed support and resources to those affected by the disease and make a significant impact in the fight to eradicate this life-threatening disease.

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Louvenia D. Barksdale Sickle Cell Anemia Foundation</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check <b>only one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input checked="" type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. <b>Post Office Box 191</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Spartanburg, South Carolina 29304</b>	
7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
[ ][ ] - [ ][ ] - [ ][ ][ ][ ]	
or	
Employer identification number	
[ ][ ][ ] - [ ][ ][ ][ ]	[ ][ ][ ][ ]
5 7 - 0 6 8 1 6 8 2	

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Rhonda Young</i>	Date ▶ <i>2-16-2023</i>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (Interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.*

