

IN WITNESS WHEREOF, SCDHHS and the Contractor, by their authorized agents, have executed this Contract as of the first day of July 2023.

SOUTH CAROLINA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

MARION COUNTY LONG-TERM
RECOVERY GROUP

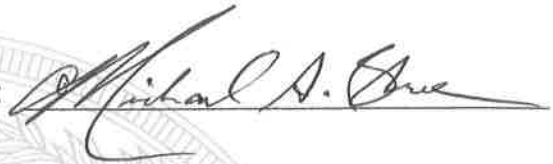
"SCDHHS"

"CONTRACTOR"

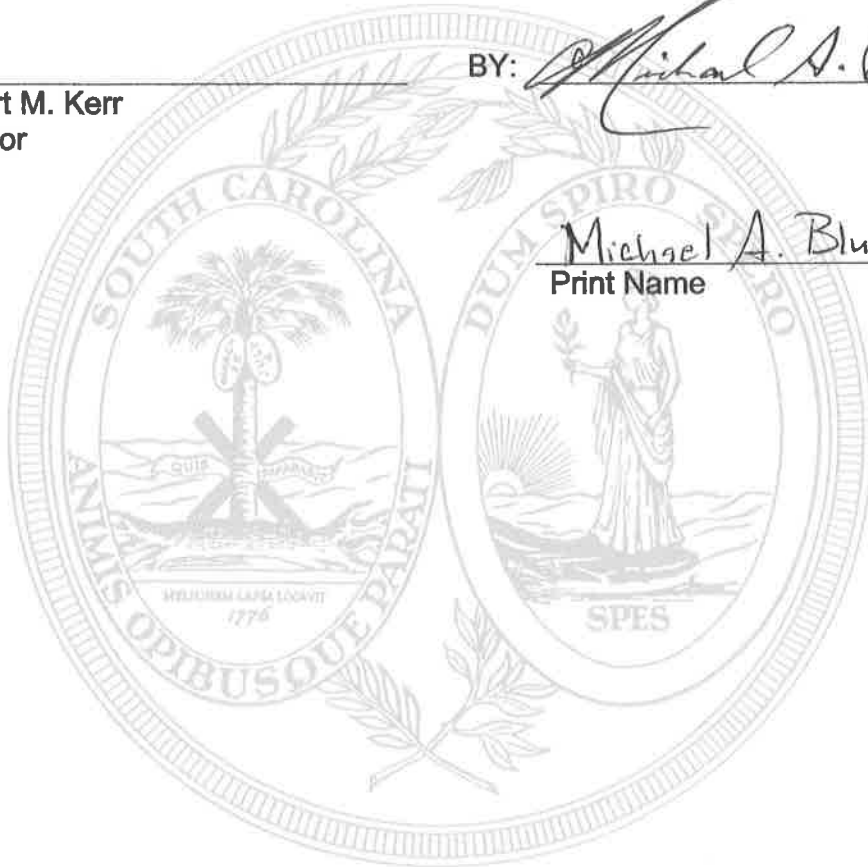
BY: _____

Robert M. Kerr
Director

BY: _____



Michael A. Blue
Print Name



APPENDIX A

Date of Invoice: After September 1, 2023
Contract Period: July 1, 2023 to June 30, 2024
Authorization: Proviso 118.19 (B)(74) (Non-recurring Revenue) of the 2023-2024 South Carolina Appropriations Act.
Recipient: *Marion County Long Term Recovery Group*
For: *2023 Safe + Secure Housing Repair Project*
Amount of Contract: *\$250,000.00*
Contract Number: *A202415534A*
Method of Payment: SCDHHS agrees to make a one-time payment to the Contractor upon signature of the contract and return all attending documents to SCDHHS.

Statement of Assurance: Contractor affirms that this invoice is for funds that will and/or have been used totally for the purpose outlined in the above-referred and more defined in the above noted Contract. The Contractor also certifies that all statements, reports, and claims, financial and otherwise, are true, accurate, and complete. Contractor is aware that it shall not submit for payment any claims, invoices, statements, or reports which it knows, or has reason to know, are not properly prepared or payable pursuant to federal and state law, applicable regulations, the Contract under which this invoice is submitted, and/or any and all SCDHHS Policies.

Submitted by: Michael A. Blue 11.8.23
Print Name Date
Submitted by: *Michael A. Blue* 11.8.23
Signature Date