

FOR WAYS AND MEANS INTERNAL RECORDS ONLY

House Member Appropriation Request Form

Member: BALLENANTINE Date: 1-25-23

Project/Event Name*: CAMP KEMO

*Please make sure name is how you would like it listed in the budget

Requested Amount: \$100,000

Recipient Entity: CAMP KEMO

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: CASSANDRA SHEA Title/Position: PROGRAM COORDINATOR

Contact Phone Number: 803 434 3503 Email: CASSANDRA.SHEA@PRISONREFORM.ORG

Recipient Entity Website: WWW.CAMPKEMO.ORG

Summary of Intended Use of the Funds: ADD VITAL TRANSITION EDUCATION & SUPPORT

FOR UNDERSERVED YOUNG ADULT SICKLE CELL POPULATION IN STATE.

REMAINDER OF FUNDS OFFSET SIGNIFICANT INCREASE IN FACILITY REPAIRS

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

Justification of Request/Public Benefit: _____

SEE ATTACHED

OK

To be completed by House members only

Nathan Ballentine
Primary Member Sponsor - Please Print

N. Ballentine 1-25-23
Member Sponsor Signature & Date

Additional Sponsors: _____

Amount Recommended by House Member: _____