FOR WAYS AND MEANS INTERNAL RECORDS ONLY

House Member Appropriation Request Form

Member: Bill Herbkersman	Date: <u>5/12/23</u>
Project/Event Name*: Bluffton Jasper Volunteers in Me *Please make sure name is how you would like it listed in	
Requested Amount: \$300,000.00	-
Recipient Entity: Bluffton Jasper Volunteers in Medicin	<u>ie</u>
Is the final recipient a:state agency,local g	government, X non-profit, orother?
If "other," please explain:	
If a non-profit, is it registered and in good standing with t	the Secretary of State's Office? X Yes or No
If no, please explain:	
Recipient Entity Contact: Pam Toney	Title/Position: Executive Director
Contact Phone Number: <u>540-460-1400/c</u> 843-706-	Email: ptoneybjvim@gmail.com
Recipient Entity Website: bjvim.org	
Summary of Intended Use of the Funds: Expansion-pu accommodate increased demand for services.	urchase of building, renovation, and equipment to
Please attach a requested project cost breakdown and any materials submitted with this form? Yes or $X - N$	
Justification of Request/Public Benefit: We provide free Counties. We have clinics in both the towns of Bluffton are and nurses and 64 additional volunteers. In 2022 we provide visits, plus 363 dental visits which we staff we three volunt health care was provided with a budget of \$859,000. (865) clinics. We work with the support of our local hospitals to	nd Ridgeland which are staffed with volunteers doctors ded medical care to 1332 patients for a total of 7098 atteer dentist and hygienist. Over \$4 million worth of diagnostic test and treatment were provided at our
To be completed by House members only Harb Washw Primary Member Sponsor - Please Print Additional Sponsors:	
Amount Recommended by House Member:	300,000