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 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
$296,081.00	J020 - Department of Health and Human Services	Additional construction funds to cover increases in costs due to time delays

Organization Information	
Entity Name	Clarendon Behavioral Health Services
Address	P. O. Box 430
City/State/Zip	Manning, SC 29102
Website	www.clarendonbhs.com
Tax ID#	57-0609534
Entity Type	Nonprofit Organization

Organization Contact Information	
Contact Name	Robert D. Elmore
Position/Title	Deputy Director
Telephone	(803)435-2121
Email	relmore@clarendonbhs.com

Plan/Accounting of how these funds will be spent:

Description	Budget	Explanation
Additional construction costs due to time delays	$296,081.00	Project was impacted by time delays due to design and site issues
Grand Total	**$296,081.00**	

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

These funds will be utilized to build an addition to our existing building to expand and enhance service delivery of Behavioral Health Services to Clarendon County. This will allow us to bring our Medication Assisted Treatment services in house as well as work to provide a psychiatrist for treatment of clients with co-occuring disorders. The goal in this change is to increase our service capacity by 50%. We will also be able to increase our clinical capacity by at least 50% with the addition of a counselor who can work to serve in our schools.

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.

Organization Signature

Deputy Director
Title

Robert D. Elmore
Printed Name

25-Jul-24
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.
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, 2025.
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.
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, 2025.

Agency Head Signature

7/29/2024
Date

Jenny Stirling for Dir. Kerr
Printed Name