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
$250,000.00	J020 - Department of Health and Human Services	To provide services to the sickle cell patient population in South Carolina, including nurse and CHW case

Organization Information	
Entity Name	James R. Clark Memorial Sickle Cell Foundation
Address	1420 Gregg Street
City/State/Zip	Columbia, SC 29201
Website	jamesrclarksicklecell.org
Tax ID#	57-0858930
Entity Type	Nonprofit Organization

Organization Contact Information	
Contact Name	Dr. Melodie Hunnicutt
Position/Title	Executive Director
Telephone	(803) 765-9916 Office; (803) 381-5108 Cell
Email	sicklecell@ sc.rr.com

Plan/Accounting of how these funds will be spent:

Description	Budget	Explanation
Nurse Case Management	$105,000.00	Infinity One Nursing Contract for Nurse Case Management Services
CHW Case Management and Health Educator Services	$56,000.00	Foundation CHW and Health Educator Personnel Costs
Patient Education	$10,000.00	Materials $2,000; Patient Care Bags $5,000; Printing/Postage $3,000
Emergency Patient Assistance	$25,000.00	Patient utility bills, water bills, and medications assistance
Travel	$6,000.00	Expenses for travel to patient education/support events and sickle cell
Information Technology	$7,000.00	Monthly costs for cell phones, maintenance/repair of agency computers and
Patient Support Groups and Events	$10,000.00	Holiday, back-to-school, support groups, and other patient annual events
Advocacy	$25,000.00	Local, state, and national advocacy efforts to support the advancement of sickle
Rent (Florence and Sumter Offices)	$6,000.00	Monthly rent for three satellite offices (Florence, Sumter, and Lancaster)
Grand Total	**$250,000.00**	

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

These funds will be used to: 1) improve the physical health outcomes of patients by monitoring them on a monthly basis, including providing individual sickle cell disease education and appropriate medical and community agency referrals as needed; 2) provide group patient education regarding best self-care practices and current clinical treatment trials (in person and via Zoom); 3) provide patient support groups and events to foster peer-to-peer connections and opportunities for socialization (via Zoom and drive-through events); 4) provide patient advocacy services, including local, statewide, and national public awareness regarding sickle cell disease and healthcare access; 5) provide professional and community education regarding sickle cell disease to raise public awareness about the current state of sickle cell disease in South Carolina (in person and via Zoom), and 6) improve both the short-term and long-term health outcomes for patients with sickle cell disease in South Carolina by provision of these clinical, educational, and support services. Outcomes associated with these projects goals are to: 1) provide 1,750 hours of monthly patient monitoring and education services by nurse and CHW case managers and health educators; 2) provide 4 group patient education events via Zoom; 3) provide 4 patient support groups via Zoom and two patient events (Back-to-School and Giving Tree) via drive-throughs; 4) provide 10 media events (radio, TV, and print media) to increase public awareness regarding sickle cell disease, and 5) provide 4 professional and community education events via Zoom to increase public awareness regarding the current state of sickle cell disease in South Carolina.

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

Executive Director
Title

Dr. Melodie Hunnicutt
Printed Name

8/12/2024
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

8/12/2024
Date

Jenny Stirling for Dir. Kerr
Printed Name