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 of 2022 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

Organization Information

Entity Name	Medical Ministries Inc.
Address	816 S. Main Street
City/State/Zip	Summerville, SC 29483
Website	
Tax ID#	47-2062464
Entity Type	Nonprofit Organization

Organization Contact Information

Contact Name	Rebecca Banks
Position/Title	CEO
Telephone	843-743-8980
Email	bonnieb@papyrusmedical.com

Plan/Accounting of how these funds will be spent:

Description	Budget	Explanation
Payroll	$400,000.00	Payroll (52 weeks)
Medical Supplies & consumables	$37,000.00	medical and testing supplies
Outreach Programs	$15,000.00	Health Fairs, Vaccinations, Physicals, food banks (supplies & travel exp)
Leagal and Professional Fees	$13,000.00	Insurances including (malpractice, liability, property,etc.), accounting
Office Expenses	$35,000.00	equipment, computers, printers, electronic medical records
Grand Total	$500,000.00	

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

Medical Ministries Inc. will use the proposed $500,000 in revenue funding from the State of South Carolina to assist in the operations of our nine free and charitable clinics currently in operation in rural South Carolina. This money will directly help the poor and underserved of our state by providing access to health care that they might not otherwise receive.

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: _____ Title: CEO

Printed Name: Rebecca Banks Date: 9/12/2022

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 of 2022.
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, 2023.
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 of 2022.
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, 2023.

Agency Head Signature: _____ Date: 9/14/2022

Printed Name: Jenny Stirling on behalf of Dir. Kerr

Last updated: August 2022