



GRANT AGREEMENT

BETWEEN

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

AND

Pregnancy Center and Clinic of the Low Country

(The Recipient)

The Agreement shall be between South Carolina Department of Health and Environmental Control (SCDHEC) and the Recipient.

Pregnancy Center and Clinic of the Low Country (Contractor)

This Agreement by and between the South Carolina Department of Health and Environmental Control (DHEC) and **(the Recipient)** a Non-Profit existing under the laws of South Carolina, is to provide for the distribution of funds \$50,000.00 (**nonrecurring funds**) appropriated in 2023 Act 84, Part IB, Proviso 118.19.

The parties agree as follows:

A. STATEMENT OF PURPOSE:

The purpose of the Agreement is to provide funding to Recipient, in support of the

Prenatal medical care to uninsured and underserved women residing in Beaufort and Jasper Counties (The Project)

This Agreement furthers DHEC's statutory mission and serves the public purpose.

B. SCOPE OF SERVICES:

The Recipient shall utilize the funds for the activities and services (**The Project**) as outlined in the attached Earmarked Appropriations Disbursement Request Form (Exhibit 1) as completed with supporting documents, which will be incorporated into this Agreement upon acceptance under Paragraph D.

C. TERM:

This Agreement shall be effective upon signature, calendar year **2023** and shall terminate on June 30, **2024**. Recipients obligations under this Agreement shall survive termination.

D. PAYMENT:

1. Recipient shall submit a written request for payment not to exceed \$50,000.00 and shall include with the request the information on the attached Earmarked appropriations Disbursement Request Form (Exhibit I) including the following as required by Proviso 117.21.
 - a. An accounting of how the Funds will be spent (Planned Expenditure Summary),
 - b. Goals to be accomplished, and
 - c. Proposed measures to evaluate success in implementing and meeting the goals. *(Per Proviso 117.21 no funds shall be released until the required plan of how the state funds will be spent and how the expenditures will provide a public benefit are filed with the agency)*
2. Upon acceptance by DHEC, the request for payment will be incorporated into and made a part of this Agreement.
3. Recipient must register with SCEIS as a vendor and provide vendor information on the request for payment.
4. In accordance with proviso 118.19 (D), recipient shall provide documentation of verification that the recipient's organization is registered as a business, nonprofit, or charitable organization with the South Carolina Secretary of State's office. This requirement does not apply to governmental entities created by statute.
4. Payment is contingent on DHEC receipt of Funds.
5. Upon receipt and review and approval of the Planned Expenditure Summary, Funds Budget, financial statements, and applicable registration verification, DHEC will transmit the Funds to Recipient by check delivered to:

Entity Name: **Pregnancy Center and Clinic of the Low Country**

Contact: **Ellen Sullivan**

Address: **1 Cardinal Road, Suite 1 & 2**

City: **Hilton Head Island** State: **SC** Zip: **29926**

Phone: **(843) 689-2222** Fax: **(843) 689-5267**

Email: **ellen.sullivan@pregnancycenterhhi.org**

6. Source of Funds: State funds made available in the FY2024 Appropriations Act Proviso 118.19 as a nonrecurring distribution per legislative direction, effective July 1, 2023. DHECs Point of Contact for financial information regarding payments made under this Agreement:

Meredith Murphy
Budgets and Financial Planning
SCDHEC
2600 Bull Street
Columbia, South Carolina, 29201

E. REPORTING REQUIREMENTS; AUDITS:

1. By **June 30th, 2024**, Recipient shall submit to DHEC a report containing a detailed accounting of its use of the Funds, the services completed, and the outcome measures used to determine the success of the stated goals in sufficient detail for DHEC to determine Recipients compliance with the Scope of Services set forth in Paragraph B above. See Exhibit II (Quarterly Expenditure Report) an expected completion date by which it anticipates all funds will be spend. Recipient shall also submit a final report with this information. If the Project is not completed or the Funds have not been spent by **June 30, 2024**, Recipient shall include in its report an explanation why the Funds have not been spent or the Project is not complete and an expected completion date by which it anticipates all funds will have been spent. Recipient shall also submit a final report with this information within 90 days after project completion or exhaustion of Funds.
2. Recipient shall submit to DHEC by **June 30, 2024**, a detailed statement explaining the nature and function of its organization as well as a detailed statement explaining the use that was made of the Funds (using attached templates (s)).
3. Recipient will allow the State Auditor to audit or cause to be audited the Funds.

F. PREVENTING AND REPORTING FRAUD, WASTE AND ABUSE:

1. DHEC has procedures and policies concerning the prevention and reporting of fraud, waste, and abuse (FWA) in agency-funded programs, including but not limited to those funded by federal grants such as Medicaid. No agency employee, agent, or Recipient shall direct, participate in, approve, or tolerate any violation of federal or State laws regarding FWA in government programs.

2. Federal law prohibits any person or company from knowingly submitting false or fraudulent claims or statements to a federally funded program, including false claims for payment or conspiracy to get such a claim approved or paid. The False Claims Act, 31 U.S.C. §3729-3733, and other “whistleblower” statutes include remedies for employees who are retaliated against in their employment for reporting violations of the Act or for reporting fraud, waste, abuse, or violations of law in connection with federal contracts or grants, or danger to public health or safety. Under State law, persons may be criminally prosecuted for false claims made for health care benefits, for Medicaid fraud, for insurance fraud, or for using a computer in a fraud scheme or to obtain money or services by false representations.

3. If Recipient or Recipients agents or employees have reason to suspect FWA in DHEC programs, this information should be reported in confidence to DHEC. A report may be made by writing to the Office of Internal Audits, DHEC, 2600 Bull Street, Columbia, SC 29201; or by calling the DHEC Fraud, Waste and Abuse Hotline at 803-896-0650 or toll-free at 1-866-206-5202. Recipient is required to inform Recipients employees of the existence of DHECs policy prohibiting FWA and the procedures for reporting FWA to the agency. Recipient must also inform recipients employees, in writing, of their rights and remedies under 41 U.S.C. §4712 concerning reporting FWA or violations of law in connection with federal contracts or grants, or danger to public health or safety, in the predominant native language of the workforce.

G. USE OF FUNDS:

Recipient will not use, expend, or allow use or expenditure of the Funds for any purpose not authorized in and consistent with this Agreement. Unexpended funds distributed pursuant to this Agreement may be carried forward to succeeding fiscal years and expended for the same purposes. Recipient shall continue the reporting and monitoring required under this Agreement until all Funds are spent.

H. RETURN OF FUNDS:

The State of South Carolina reserves the right to all remedies available to it under law for the enforcement of this Agreement including but not limited to the right to demand repayment of any Funds that remain unused at completion of the project or that were used for purposes not authorized in this Agreement.

I. NON-DISCRIMINATION:

Recipient represents and agrees that it does not and will not practice discrimination, or use the Funds for purposes which discriminate, against persons by virtue of race, religion, color, sex, age, national origin, disability, veteran status, pregnancy, gender identity, sexual orientation, or any other basis prohibited by law.

J. RECORDKEEPING:

Recipient shall create and maintain adequate records to document all matters covered by this Agreement. Recipient shall retain all such records for six (6) years or other longer period required by law after termination, cancellation, or expiration of the Agreement or after final expenditure of Funds, whichever is later, and make records available for inspection, copying, and audit by DHEC or other authorized agent of the State. If any litigation, claim, or audit has begun but is not completed or if audit findings have not been resolved at the end of the retention period, the records shall be retained until all litigation, claims, or audit findings involving the Funds have been resolved.

K. REVISIONS OF LAW:

The provisions of the Agreement are subject to revision of state statutes and regulations.

L. PUBLIC INFORMATION:

All information relating to distribution and use of the Funds, including all reports and documentation submitted to DHEC under this Agreement, is subject to public disclosure under the South Carolina Freedom of Information Act and may be published on DHECs internet web site.

AS TO SCDHEC:

AS TO CONTRACTOR:

BY: **Cornish, Jessica E.**
10/6/2023, 11:26:06 AM

Email: Appropriations@dhec.sc.gov

Date: 10/6/2023

BY: **Gurley, Emmily S.**
10/9/2023, 3:43:24 PM

SCDHEC Division of Contracts

Date: 10/9/2023

**Pregnancy Center and Clinic of the Low
Country**

BY: Ellen Sullivan
Signature Authority

I verify I am authorized to execute this contract

(Anonymous)
9/29/2023, 2:30:16 PM

Authorized Signature

Executive Director
Title

Date: 9/29/2023

Vendor Registration ID: 7000211580

MAILING ADDRESS:

TaxID / Employer ID: 57-0923523

SC DHEC Office of Budgets and
Financial Planning
2600 Bull Street
Columbia, SC 29201
Phone: (803) 898-4222
Fax: (803) 253-7637

Contact: Ellen Sullivan

Address: 1 Cardinal Road, Suite 1 & 2

City: Hilton Head Island State: SC Zip: 29926

Phone: (843) 689-2222 Fax: (843) 689-5267

Email: ellen.sullivan@pregnancycenterhhi.org



State of South Carolina Request for Contribution Distribution

9/29/2023

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
\$50,000.00	SC Department of Health and Environmental Control	Provide Prenatal medical care to uninsured and underserved women in Beaufort and .

Plan/Accounting of how these funds will be spent:

Description (Limit text to field size.)	Budget	Explanation (Limit text to field size.)
These funds will help cover the cost of providing prenatal medical care to women in need.	\$50,000.00	The funds will help cover the cost of our professional staff who provide prenatal care to our clients. Our profession

Grand Total \$50,000.00

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

The Pregnancy Center and Clinic of the Low Country provides free early prenatal medical care to uninsured and underserved women in Beaufort and Jasper Counties. The services we provide are offered free of charge to these women in need. This care is critical to the the health and welfare of both the mom and her baby. The care provided contributes to the overall improvement of health quality in the region.



10/6/2023

To whom it may concern:

DHEC has multiple Proviso 118.19 distributions that are due to the various entities. Every year, entities receive funds from the Legislature through proviso 118.19. These funds are required for specific projects.

Per Proviso 118.19(D) DHEC must release these funds within ten business days upon receipt and verification of all requirements under Proviso 118.19.

Pregnancy Center and Clinic of the Low Country

has submitted all required documentation for their appropriated project,

Prenatal medical care to uninsured and underserved women residing in Beaufort and Jasper Counties

We respectfully ask that you process these as z-special so that we can release payment as required to this vendor immediately after the processed distribution invoices are audited and approved by State CGO.

If you need additional detail or have any questions or concerns regarding these invoices, please do not hesitate to reach out to Vasa Cate at catevw@dhec.sc.gov.

Sincerely,

Are you signing for the CFO?

Cornish, Jessica E.
10/6/2023, 11:26:00 AM

Darbi C MacPhail, MHA
Chief Finance and Operations Officer
SC Department of Health and Environmental Control

Select One

**State of South Carolina Request for Contribution Distribution**

This form is designed to provide the information required by South Carolina in accordance with Proviso 117.21 of the appropriations act of 2023 and Executive Order 2022-19 for the DHEC Leadership Review and Approval Process. The information shall be reviewed and approved by Agency Leadership within three (3) business days. This information must be reviewed and approved in order to release appropriated funds timely (Proviso 118.19(D)).

Organization Information

Entity Name	Project/Event Name	Amount/Appropriation Line Item
Pregnancy Center and Clinic of the Low Country	Prenatal Medical Care to Uninsured/Underserved Women (Beaufort and Jasper)	\$50,000.00

J0402AE330 J040X0161 10050024 Not Relevant

Contribution Information

Purpose Provide Prenatal medical care to uninsured and underserved women in Beaufort and Jasper Counties.

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

The Pregnancy Center and Clinic of the Low Country provides free early prenatal medical care to uninsured and underserved women in Beaufort and Jasper Counties. The services we provide are offered free of charge to these women in need. This care is critical to the the health and welfare of both the mom and her baby. The care provided contributes to the overall imorovement of health auality in the reaion.

Plan/Accounting of how these funds will be spent:

Explanation	Budget	Description
<p>he funds will help cover the cost of our professional staff who provide prenatal care to our clients. Our professional staff includes RN's, APRN/CNM, Interpreters, Client Services Coordinator.</p> <p>Goals: Our goal is to be able to provide early prenatal care to women in need and to never have to turn anyone away because our Center lacks the financial resources to meet their needs. Without our assistance many of these women would receive no prenatal care at all. This care is critical to the health and welfare of both the mother and baby.</p> <p>Our ultimate goal is Healthy Moms and Healthy Babies. The planned expenditure is \$12,500 per quarter towards the cost of our professional nursing staff for an annual total of \$50,000. Our nurses are responsible for administering pregnancy tests, performing ultrasounds, distributing prenatal vitamins, ordering lab work including STI testing, and educating the clients regarding good nutrition and maintaining monitoring health during their pregnancies. The proposed measures to evaluate our success are to be accomplished by the tracking methods available in our eKyros medical database. We are able to report on the number of clients served and the outcome of their pregnancies. Our client satisfaction surveys help us to evaluate our effectiveness with each of our clients. Because over 70% of our clients are Hispanic, our interpreters are vital for enabling us to communicate their individual experiences, thus providing valuable feedback on how we can better serve their needs.</p>	\$50,000.00	Help cover cost of professional staff (RN's, APRN/CNM, Interpreters, Client Services Coordinator)
Grand Total	\$50,000.00	

Agency Head Signature

10/11/2023

Date

Edward Simmer

Printed Name