



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
\$1,750,000.00	J200 - Department of Alcohol and Other Drug Abuse Services	Construction of new ALPHA Behavioral Health Center in Chesterfield County

Organization Information

Entity Name	ALPHA Behavioral Health Center
Address	208 King Street
City/State/Zip	Camden, SC 29020
Website	www.alphabehavioralhealthcenter.org
Tax ID#	57-0871170
Entity Type	Nonprofit Organization

Organization Contact Information

Contact Name	Mara H. Jones
Position/Title	Executive Director
Telephone	803-432-6902
Email	mjones@alphacentersc.com

Plan/Accounting of how these funds will be spent:

Description	Budget	Explanation
New ALPHA Facility located off Hwy 9 in the Industrial Park of Chesterfield, SC	\$1,750,000.00	100% of the designated \$1.75 m will be used for construction of new facility.
Grand Total	\$1,750,000.00	

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

ALPHA Behavioral Health Center will employ the allocated funds to construct a state-of-the-art treatment facility for the citizens of Chesterfield County. The new facility will be located in the Chesterfield Industrial park on Commerce Drive off of Highway 9 in Chesterfield, South Carolina. The new facility will increase the capacity of citizens to be served through the additional office spaces to house up to 5 more clinical counselors, the addition of 3 designated group treatment rooms allowing for added recovery groups, and a designated modern drug collection laboratory to support drug testing collections fidelity. The following is a timeline for the construction of the facility: By January 30, 2023, ALPHA will finalize the Design Phase with the identified architect firm. By April 30, 2023, ALPHA will complete the Pre-Construction Phase of the project. By June 30, 2024, ALPHA will complete the Construction Phase of the project. By August 31, 2024, ALPHA will complete the Commissioning Phase of the project. By October 31, 2024, ALPHA will complete the Owner Occupancy Phase of the project. By October 31, 2025, ALPHA will complete the Project Closeout.

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.

Mara H Jones
Organization Signature

Executive Director
Title

MARA H. JONES
Printed Name

10-10-2022
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 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.

Sara Goldsby
Agency Head Signature

10/11/2022
Date

Sara Goldsby
Printed Name



State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports 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 to the designation organization at the end of year quarter and by June 30, 2023.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$1.75 million	J200 - Department of Alcohol and Other Drug Abuse Services	Construction of new ALPHA Behavioral Health Center in Chesterfield County

Organization Information

Entity Name	ALPHA Behavioral Health Center
Address	208 King Street
City/State/Zip	Camden, SC 29020
Website	www.alphabehavioralhealthcenter.org
Tax ID#	57-0871170
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Mara H. Jones
Position/Title	Executive Director
Telephone	803-432-6902
Email	mjones@alphacentersc.com

Reporting Period

Reporting Period	Quarter 1: July 1, 2022 - September 30, 2022
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Accounting of how the funds have been spent:

Description	Budget	Expenditures				Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
New ALPHA Facility located off Hwy 9 in the Industrial Park of Chesterfield, SC	\$1,750,000.00					\$0.00	\$1,750,000.00
Media/News Announcement		\$80.50				\$80.50	-\$80.50
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$1,750,000.00	\$80.50	\$0.00	\$0.00	\$0.00	\$80.50	\$1,749,919.50

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year):

Newspapers released announcement of upcoming construction project for new facility in Chesterfield County with recognition of funding. Land has been purchased and survey complete. Construction to begin after final testing by Geotechnical Engineer and other testings are complete.

Expenditure Certification

The Organization certifies that the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.

Mara H. Jones
 Signature
MARA H. JONES
 Printed Name

Executive Director
 Title
1/25/2023
 Date



State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports 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 to the designation organization at the end of year quarter and by June 30, 2023.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$1.75 million	J200 - Department of Alcohol and Other Drug Abuse Services	Construction of new ALPHA Behavioral Health Center in Chesterfield County

Organization Information

Entity Name	ALPHA Behavioral Health Center
Address	208 King Street
City/State/Zip	Camden, SC 29020
Website	www.alphabehavioralhealthcenter.org
Tax ID#	57-0871170
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Mara H. Jones
Position/Title	Executive Director
Telephone	803-432-6902
Email	mjones@alphacentersc.com

Reporting Period

Reporting Period	Quarter 2: October 1, 2022 - December 30, 2022
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Accounting of how the funds have been spent:

Description	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
New ALPHA Facility located off Hwy 9 in the Industrial Park of Chesterfield, SC	\$1,750,000.00		\$0.00			\$0.00	\$1,750,000.00
Media/News Announcement		\$80.50	\$0.00			\$80.50	-\$80.50
			\$0.00			\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$1,750,000.00	\$80.50	\$0.00	\$0.00	\$0.00	\$80.50	\$1,749,919.50

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year) :

No Funds were spent during second quarter. Geotechnical and Environmental surveys still being completed on land. Bids to be completed by May 2023 as projected in timeline.

Expenditure Certification

The Organization certifies that the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.

Mara H. Jones
 Signature
 MARA H. JONES
 Printed Name

Ex. Director
 Title
 1/25/2023
 Date



State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports 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 to the designation organization at the end of year quarter and by June 30, 2023.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$1.75 million	J200 - Department of Alcohol and Other Drug Abuse Services	Construction of new ALPHA Behavioral Health Center in Chesterfield County

Organization Information

Entity Name	ALPHA Behavioral Health Center
Address	208 King Street
City/State/Zip	Camden, SC 29020
Website	www.alphabehavioralhealthcenter.org
Tax ID#	57-0871170
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Mara H. Jones
Position/Title	Executive Director
Telephone	803-432-6902
Email	mjones@alphacentersc.com

Reporting Period

Reporting Period	Quarter 3: January 1, 2023 - March 31, 2023
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Accounting of how the funds have been spent:

Description	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
New ALPHA Facility located off Hwy 9 in the Industrial Park of Chesterfield, SC	\$1,750,000.00		\$0.00	\$0.00		\$0.00	\$1,750,000.00
Media/News Announcement		\$80.50	\$0.00	\$0.00		\$80.50	-\$80.50
			\$0.00			\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$1,750,000.00	\$80.50	\$0.00	\$0.00	\$0.00	\$80.50	\$1,749,919.50

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year) :

No Funds were spent during third quarter. Geotechnical and Environmental surveys still being completed on land. Architect designs are complete and construction bids are scheduled to begin in the month of May 2023 as projected in timeline.

Expenditure Certification

The Organization certifies that the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.

Mara H. Jones
 Signature
 MARA H. JONES
 Printed Name

Ex. Director
 Title
 5/2/23
 Date



State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports 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 to the designation organization at the end of year quarter and by June 30, 2023.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$1.75 million	J200 - Department of Alcohol and Other Drug Abuse Service	Construction of new ALPHA Behavioral Health Center in Chesterfield County

Organization Information

Entity Name	ALPHA Behavioral Health Center
Address	208 King Street
City/State/Zip	Camden, SC 29020
Website	www.alphabehavioralhealthcenter.org
Tax ID#	57-0871170
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Mara H. Jones
Position/Title	Executive Director
Telephone	803-432-6902
Email	mjones@alphacentersc.com

Reporting Period

Reporting Period	Quarter 4: April 1, 2023 - June 30, 2023
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Accounting of how the funds have been spent:

Description	Budget	Expenditures					Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4			
New ALPHA Facility located off Hwy 9 in the Industrial Park of Chesterfield, SC	\$1,750,000.00		\$0.00	\$0.00	\$0.00	\$0.00	\$1,750,000.00	
Media/News Announcement		\$80.50	\$0.00	\$0.00	\$0.00	\$80.50	-\$80.50	
			\$0.00			\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
Grand Total	\$1,750,000.00	\$80.50	\$0.00	\$0.00	\$0.00	\$80.50	\$1,749,919.50	

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year):

No Funds were spent during fourth quarter. Utilizing funding from initial funding award first. Contract for Construction company has been awarded, ground breaking scheduled for July 12, 2023, and construction commencement date is scheduled for August 9, 2023.

Expenditure Certification

The Organization certifies that the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.

Mara H. Jones
 Signature
 MARA H. JONES
 Printed Name

Executive Director
 Title
 6/30/2023
 Date



State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports 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 to the designation organization at the end of year quarter and by June 30, 2023.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$250,000.00	J200 - Department of Alcohol and Other Drug Abuse Services	ALPHA Behavioral Health Center new facility in Chesterfield County

Organization Information

Entity Name	ALPHA Behavioral Health Center
Address	208 King Street
City/State/Zip	Camden, SC 29020
Website	www.alphabehavioralhealthcenter.org
Tax ID#	57-0871170
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Mara H. Jones
Position/Title	Executive Director
Telephone	803-432-6902
Email	mjones@alphacentersc.com

Reporting Period

Reporting Period	Quarter 3: January 1, 2023 - March 31, 2023
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Accounting of how the funds have been spent:

Description	Budget	Expenditures					Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4			
Property Purchase	\$80,000.00	\$47,456.33	\$0.00	\$0.00		\$47,456.33	\$32,543.67	
Professional Fees & Services: Architect	\$90,000.00		\$0.00	\$0.00		\$0.00	\$90,000.00	
Professional Fees & Services: Project Management and Construction Company	\$40,000.00		\$0.00	\$0.00		\$0.00	\$40,000.00	
Professional Fees & Services: Survey, Geotechnical/Environmental and construction	\$40,000.00	\$2,000.00	\$0.00	\$0.00		\$2,000.00	\$38,000.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
Grand Total	\$250,000.00	\$49,456.33	\$0.00	\$0.00	\$0.00	\$49,456.33	\$200,543.67	

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year) :

No funds spent in third quarter. Geotechnical Engineer testing completed and permits acquired. Bids for construction are scheduled for May 2023 according to projected timeline.

Expenditure Certification

The Organization certifies that the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.

Mara H. Jones
 Signature
MARA H. JONES
 Printed Name

Executive Director
 Title
5/2/2023
 Date



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
\$1,444,979.00	J200 - Department of Alcohol and Other Drug Abuse Services	

Organization Information

Entity Name	Clarendon Behavioral Health Services
Address	14 N Church Street
City/State/Zip	Manning, SC 29102
Website	clarendonbhs.com
Tax ID#	57-0609534
Entity Type	Nonprofit Organization

Organization Contact Information

Contact Name	Natalie Gray
Position/Title	CEO
Telephone	803-435-9545
Email	ngray@clarendonbhs.com

Plan/Accounting of how these funds will be spent:

Description	Budget	Explanation
Renovate Existing Facility, Addition of New Facility	\$1,294,979.00	To expand space for service delivery
Purchase Adjacent Lot @ 106 Dinkins Street, Manning, SC	\$150,000.00	Purchase and Development of Lot for Additional Facility Parking
Grand Total	\$1,444,979.00	

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-occurring 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

CEO
Title

Natalie M Gray
Printed Name

10/12/2022
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 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

10/17/2022
Date

Sara Goldsby
Printed Name



State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports 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 to the designation organization at the end of year quarter and by June 30, 2023.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$1,444,979.00	J200 - Department of Alcohol and Other Drug Abuse Services	

Organization Information

Entity Name	Clarendon Behavioral Health Services
Address	14 N. Church Street
City/State/Zip	Manning, SC 29102
Website	www.clarendonbhs.com
Tax ID#	57-0609534
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Natalie M. Scott
Position/Title	CEO
Telephone	(803)435-2121
Email	nscott@clarendonbhs.com

Reporting Period

Reporting Period	Quarter 2: October 1, 2022 - December 30, 2022
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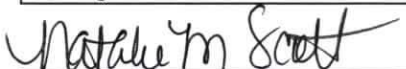
Accounting of how the funds have been spent:

Description	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
Renovation, Addition, and Parking Lot Development	\$1,444,979.00	\$0.00				\$0.00	\$1,444,979.00
						\$0.00	\$0.00
Purchase property adjoining current location for additional parking			\$25,030.45			\$25,030.45	-\$25,030.45
Cost of Environment Impact Study (report negative)			\$5,600.00			\$5,600.00	-\$5,600.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$1,444,979.00	\$0.00	\$30,630.45	\$0.00	\$0.00	\$30,630.45	\$1,414,348.55

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year) :

Expenditure Certification

The Organization certifies that the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.


 Signature
 Natalie M. Scott
 Printed Name

CEO
 Title
 2/6/2023
 Date



State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports 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 to the designation organization at the end of year quarter and by June 30, 2023.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$1,444,980.00	J200 - Department of Alcohol and Other Drug Abuse Services	

Organization Information

Entity Name	Clarendon Behavioral Health Services
Address	14 N. Church Street
City/State/Zip	Manning, SC 29102
Website	www.clarendonbhs.com
Tax ID#	57-0609534
Entity Type	Nonprofit organization

Organization Contact Information

Name	Natalie M. Scott
Position/Title	CEO
Telephone	(803)435-2121
Email	ngray@clarendonbhs.com

Reporting Period

Reporting Period	Quarter 3: January 1, 2023 - March 31, 2023
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Accounting of how the funds have been spent:

Description	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
Renovation, Addition, and Parking Lot Development	\$1,444,980.00	\$0.00				\$0.00	\$1,444,980.00
						\$0.00	\$0.00
Purchase property adjoining current location for additional parking			\$25,030.45			\$25,030.45	-\$25,030.45
Cost of Environmental Impact Study (report negative)			\$5,600.00			\$5,600.00	-\$5,600.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$1,444,980.00	\$0.00	\$30,630.45	\$0.00	\$0.00	\$30,630.45	\$1,414,349.55

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year):

Expenditure Certification

The Organization certifies that the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.

Natalie M Scott
 Signature
Natalie M Scott
 Printed Name

CEO
 Title
5/22/23
 Date



State of South Carolina Request for Contribution Distribution

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Contribution Information

Amount	State Agency Providing the Contribution	Purpose

Organization Information

Entity Name	Community Wellness Outreach
Address	7356 Ganers Ferry Rd Suite 130
City/State/Zip	Columbia SC 29209
Website	
Tax ID#	86-3673280
Entity Type	Nonprofit Organization

Organization Contact Information

Contact Name	Kenneth Simmons
Position/Title	Director
Telephone	803-586-1752
Email	K12sims@gmail.com

Plan/Accounting of how these funds will be spent:

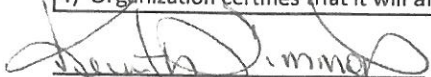
Description	Budget	Explanation
Community Health Fair/Education	\$25,000.00	Addressing the Opioid Crisis in Rural areas/ Addressing CoMorbidity
Annual Opioid Addiction Conference/Seminar	\$10,000.00	Educate Rural Communities/ Identify Resources and Support/ Agency Network
Addiction Treatment Platform	\$15,000.00	Provide Treatment including medical/ Case Manage to under or uninsured
Supplies and Equipment	\$10,000.00	To support and sustain office needs for success
Exercise Program	\$10,000.00	Promote Health and the importance of physical exercise (aerobics, line dancing)
Transportation	\$5,000.00	Transportation for those in rural areas to make addiction education and
Stipend	\$10,000.00	Group Facilitators
Rent	\$10,000.00	Facility usage to accommodate special events and related programs
Operation Save Lives	\$5,000.00	Annual Program to teach CPR to citizens to promote education through first aid
Grand Total	\$100,000.00	

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

Funds will be used to provide treatment services in varied and creative ways. Medically Assisted Treatment, case management and education will be brought to those in various rural communities who are experiencing complications with Opioid Abuse and Dependence and the comorbidities that are often caused or enhanced by substance abuse. Our focus is to provide services to the most vulnerable, underinsured or not insured in hopes of reducing overdose and accidental death. Reaching out to the community as a whole and families of those who are dependent on opioids giving them educational tools to guide them to potentially save the life of a loved one or a member of their community.

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

Director
Title

Kenneth Simmons
Printed Name

11/16/2023
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, 2024.
- 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, 2024.


Agency Head Signature

12/11/23
Date

Sara Goldsby
Printed Name



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
\$301,460.00	J200 - Department of Alcohol and Other Drug Abuse Services	Expansion of Recovery Services to the Midlands

Organization Information

Entity Name	The Courage Center
Address	5205 Augusta Road
City/State/Zip	Lexington, SC 29072
Website	www.couragecentersc.org
Tax ID#	35-2577054
Entity Type	Nonprofit Organization

Organization Contact Information

Contact Name	Randy Rush
Position/Title	Executive Director
Telephone	(803) 381-2734
Email	randy@couragecentersc.org

Plan/Accounting of how these funds will be spent:

Description	Budget	Explanation
Community Organizer (Lexington, Richland, Orangeburg)	\$80,000.00	Community organizers and site coordinator for expansion opportunities
Peer Support/Family Recovery Coaches/ED Consultant	\$70,000.00	Peer Support for expansion sites and Emergency Department (LMC, Prisma)
Marketing	\$31,461.00	Printer, Printing, Mail, Launch events, Subscriptions, Awareness
Project Management	\$30,000.00	Project Coordination, Oversight, and Management
Transportation	\$25,000.00	Vehicle purchase and rideshare for participants and harm reduction activities
Office Equipment (furniture, IT Equipment, Internet Service, Phones)	\$20,000.00	Furniture, IT Equipment, Internet Service, Phones, etc.
Educational Material	\$5,000.00	CCAR Manuals, CRAFT Books. Etc.
Training	\$20,000.00	Peer Support, Family Coaching, SMART Recovery, SBIRT, MI
Space Rental	\$20,000.00	Rental Space Richland/Orangeburg County and outer Lexington
Grand Total	\$301,461.00	

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

Recovery community organizations, like TCC, have emerged since the opioid crisis began as a complementary model of recovery that works alongside public and private alcohol and drug treatment centers (e.g., LRADAC, Tri-County Commission on Alcohol and Drug Use). Recovery community organizations, of which there are about two hundred in the nation, are frequently started because families watched loved ones die because community services were lacking in quality, were too costly, and only embraced a singular model of recovery (e.g., AA, NA).

The overall public purpose of this request is to build a peer-based recovery model that includes trained coaches to work with youth and families to reduce barriers to care. We will collaborate with our partners in these counties to locate space for trained recovery coaches to provide ongoing services for youth, young adults, and families that are struggling with alcohol and drug use. We know that youth are increasingly using substances (including alcohol) at a much younger age which increases the likelihood they will struggle with addiction and related consequences in the future. Because youth/young adults are best able to connect with their peer group, we will use the evidence-based model of peer support where recovery coaches become personal guides and mentors for those walking any recovery path.

Orangeburg and Richland counties are locations that are frequently rated poor on health outcomes and have significant pockets of rural areas with few resources available. Table 1 shows

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

Randy Rush

Printed Name

10/13/2022

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 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

10/26/2022

Date

Sara Goldsby

Printed Name



State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports 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 to the designation organization at the end of year quarter and by June 30, 2023.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$301,460.00	J200 - Department of Alcohol and Other Drug Abuse Services	Expansion of Recovery Services to the Midlands

Organization Information

Entity Name	The Courage Center
Address	860 Park Road
City/State/Zip	Lexington, SC 29072
Website	couragecentersc.org
Tax ID#	35-2577034
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Randall Rush
Position/Title	Executive Director
Telephone	(803) 381-2734
Email	randy@couragecentersc.org

Reporting Period

Reporting Period	Quarter 3: January 1, 2023 - March 31, 2023
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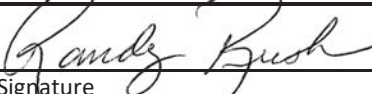
Accounting of how the funds have been spent:

Description	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
Community Organizer (Lexington, Richland, Orangeburg)	\$80,000.00			\$27,211.00		\$27,211.00	\$52,789.00
Peer Support/Family Recovery Coaches/ED Consultant	\$70,000.00			\$37,000.00		\$37,000.00	\$33,000.00
Marketing	\$31,461.00			\$524.30		\$524.30	\$30,936.70
Project Management	\$30,000.00			\$30,000.00		\$30,000.00	\$0.00
Transportation	\$25,000.00			\$18,032.00		\$18,032.00	\$6,968.00
Office Equipment (furniture, IT equipment, internet service, phones)	\$20,000.00			\$3,199.90		\$3,199.90	\$16,800.10
Educational material	\$5,000.00			\$195.97		\$195.97	\$4,804.03
Training	\$20,000.00			\$484.86		\$484.86	\$19,515.14
Space Rental	\$20,000.00			\$1,244.11		\$1,244.11	\$18,755.89
Grand Total	\$301,461.00	\$0.00	\$0.00	\$117,892.14	\$0.00	\$117,892.14	\$183,568.86

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year):

Expenditure Certification

The Organization certifies that the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.


 Signature
 Randall Rush
 Printed Name

Executive Director
 Title
 5/17/2023
 Date



State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports 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 to the designation organization at the end of year quarter and by June 30, 2023.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$301,460.00	J200 - Department of Alcohol and Other Drug Abuse Services	Expansion of Recovery Services to the Midlands

Organization Information

Entity Name	The Courage Center
Address	860 Park Road
City/State/Zip	Lexington, SC 29072
Website	couragecentersc.org
Tax ID#	35-2577034
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Randall Rush
Position/Title	Executive Director
Telephone	803-381-2734
Email	randy@couragecentersc.org

Reporting Period

Reporting Period	Quarter 4: April 1, 2023 - June 30, 2023
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Accounting of how the funds have been spent:

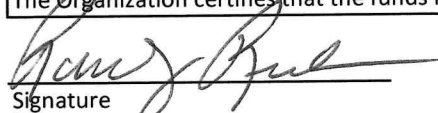
Description	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
Community Organizer (Lexington, Richland, Orangeburg)	\$80,000.00			\$27,211.00	\$705.00	\$27,916.00	\$52,084.00
Peer Support/Family Recovery Coaches/ED Consultant	\$70,000.00			\$37,000.00		\$37,000.00	\$33,000.00
Marketing	\$31,461.00			\$524.30	\$666.09	\$1,190.39	\$30,270.61
Project Management	\$30,000.00			\$30,000.00		\$30,000.00	\$0.00
Transportation	\$25,000.00			\$18,032.00	\$1,898.61	\$19,930.61	\$5,069.39
Office Equipment (furniture, IT equipment, internet service, phones)	\$20,000.00			\$3,199.90	\$4,614.74	\$7,814.64	\$12,185.36
Educational material	\$5,000.00			\$195.97	\$531.25	\$727.22	\$4,272.78
Training	\$20,000.00			\$484.86	\$408.71	\$893.57	\$19,106.43
Space Rental	\$20,000.00			\$1,244.11	\$1,194.11	\$2,438.22	\$17,561.78
Grand Total	\$301,461.00	\$0.00	\$0.00	\$117,892.14	\$10,018.51	\$127,910.65	\$173,550.35

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year) :

The is project was presented to the legislature to be a two year expansion of services project. In addition, due to intergovernmental transfer of funds, no monies were made available to The Courage Center until December of 2022.

Expenditure Certification

The Organization certifies that the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.


 Signature
 Randy Rush
 Printed Name

Executive Director
 Title
 7/10/2023
 Date



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
#300,000.00	J200 - Department of Alcohol and Other Drug Abuse Services	Expansion of Recovery Services to the Midlands

Organization Information

Entity Name	The Courage Center
Address	860 Park Road
City/State/Zip	Lexington, SC 29072
Website	couragecentersc.org
Tax ID#	35-2577034
Entity Type	Nonprofit Organization

Organization Contact Information

Contact Name	Randall Rush
Position/Title	Executive Director
Telephone	803-381-2734
Email	randy@couragecentersc.org

Plan/Accounting of how these funds will be spent:

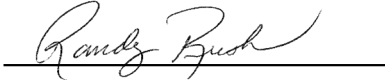
Description	Budget	Explanation
Program Salaries	\$90,000.00	Peer support, family coaches, Program Manager
Administrative Salaries	\$70,000.00	Executive management, Operations, Communications and Events
Professional Services	\$26,000.00	Clinical supervision, consulting, contract counselors and therapists
Rent	\$45,000.00	Rent for Columbia and Orangeburg offices
Utilities	\$24,000.00	Electrical, internet, water, security
Insurance	\$20,000.00	Liability, E&O, commercial auto
Office Equipment	\$10,000.00	Computers, monitors, office furniture, internet services, cell phones
Administrative Expenses	\$15,000.00	Software subscriptions, office supplies, etc.
Grand Total	\$300,000.00	

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

The Courage Center (TCC) provides a safe and supportive setting for individuals and families on their journey to recovery from substance misuse and substance use disorders. As a Recovery Community Organization (RCO), TCC provides recovery coaching by state certified peer support specialist with lived experience for individuals suffering from substance use. Family Coaches provide family support and coaching for the families of the affected person. TCC provides mutual aid meetings for young adults, individuals, and their families in Lexington, Chapin, and Columbia. TCC works with referral partners such as Prisma, Lexington Medical Center, Probation Pardon and Parole, Lexington EMS, Lexington Detention Center, Lexington 1 School District, the Lexington County Solicitor, Lutheran Services, and many more. In addition, TCC provides our participants access to both licensed and licensed seeking counselors in partnerships with University of South Carolina and other degree granting institutions. TCC also performs harm reduction activities through its mobile outreach and as a community distributor of Narcan. These funds will allow TCC to continue to expand its life affirming recovery services to the populations of Richland and Orangeburg counties. Community development work conducted in the previous year will now allow TCC to expand services with referral partners identified and relationships established. TCC has leased space to accommodate coaches and provide consistent space for training, education, and mutual aid in both Richland and Orangeburg counties. Funds will help outfit those locations and staff with peer support, clinical support and management, and administrative support.

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.



Executive Director
Title

Randy Rush
Printed Name

11/16/2023
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, 2024.
- 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, 2024.



11/17/2023
Date

Sara Goldsby
Printed Name



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
\$500,000.00	J200 - Department of Alcohol and Other Drug Abuse Services	Construction of a new facility in Dillon County

Organization Information

Entity Name	Trinity Behavioral Care
Address	PO Box 1011
City/State/Zip	Marion, SC. 29571
Website	trinitybehavioralcare.org
Tax ID#	57-0692964
Entity Type	County

Organization Contact Information

Contact Name	Donny Brock
Position/Title	Executive Director
Telephone	843 845-1061
Email	dbrock@trinitybehavioralcare.org

Plan/Accounting of how these funds will be spent:

Description	Budget	Explanation
Pay off Anderson Brothers Bank construction loan that partially financed project	\$497,406.33	Construction invoices were provided bank prior to drawing down dollars Amount represents loan balance as of 7/15/2022 (if required Trinity can provide Contractor invoices, etc. paid by loan)
Other construction costs, if necessary.	\$2,593.67	Should the loan pay-off balance not exceed the total grant, documentation of other project expenditures will be submitted
Grand Total	\$500,000.00	

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

Trinity's Dillon County facility was not safe nor did it have the capacity to meet the citizen's treatment and prevention needs. A new 7,700 square-foot; \$3,000,000.00 facility was constructed that tripled the client capacity of the previous building. The new facility was DHEC licensed in February 2022 and Trinity's Dillon County operations were consolidated into the new facility in March 2022. This facility resulted in immediate program expansions to include on-site medical partners supporting best practice MAT programming, many of which are being treated for opiate use disorder; and a new IOP level of care.

Organization Certifications

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- 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

William D. Brock, Jr.
Printed Name

Executive Director
Title

9/23/2022
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 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

Sara Goldsby
Printed Name

10/17/2022
Date



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
\$500,000.00	J200 - Department of Alcohol and Other Drug Abuse Services	Construction of a new facility in Marlboro County

Organization Information

Entity Name	Trinity Behavioral Care
Address	PO Box 1011
City/State/Zip	Marion, SC. 29571
Website	trinitybehavioralcare.org
Tax ID#	57-0692964
Entity Type	County

Organization Contact Information

Contact Name	Donny Brock
Position/Title	Executive Director
Telephone	843 845-1061
Email	dbrock@trinitybehavioralcare.org

Plan/Accounting of how these funds will be spent:

Description	Budget	Explanation
Construct a 5,000 square-foot, \$3,000,000.00 substance use disorder treatment & prevention facility located in Marlboro County near Bennettsville, SC	\$1,500,000.00	12/22: Board Approval of design/budget
		1/23-2/23: Begin Construction on previously purchased property
		1/24-2/24: Completion of project
		3/24-4/24: Relocation of all Marlboro County operations into facility
Grand Total	\$1,500,000.00	

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

Trinity's lost its Marlboro County owned space in 2014, due to mold. With little financial reserves the organization has been forced to rent an approximately 900 square-foot space within Tri County Mental Health's Bennettsville clinic. The space has an expected capacity to provide treatment to only 300 clients annually. We currently are treating between 350-400 persons each year. These funds will support the construction of a new facility that will triple treatment capacity; support on-site medical care and MAT; and allow a new IOP level of care. For the first time in years, Trinity can station a full time preventionist in Marlboro County, resulting in expanded environmental strategies and vastly increase the capacity to provide direct prevention services. Land has been purchased and the formal groundbreaking was September 19, 2022. We have contracted FW Architects and FBi Contractors in a design build model to construct the facility. Our timeline for the \$3 million project is for board approval of the design and budget this December; construction to begin early 2023; completion January/February 2024; with licensure and occupancy March/April 2024. Although the final budget has not yet been calculated, we estimate it will cost \$3 million to complete the project.

Organization Certifications

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- 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

William D. Brock, Jr.
Printed Name

Executive Director
Title

9/23/2022
Date

Certifications of State Agency Providing Contribution

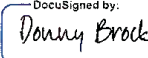
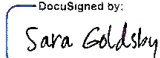
- 1) State Agency certifies that the planned expenditure aligns with the Agency's mission and/or the purpose specified in the appropriations act of 2022.
- 2) State Agency certifies that the Organization has set forth a public purpose to be served through receipt of the expenditure.
- 3) State Agency 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

Sara Goldsby
Printed Name

10/17/2022
Date

Funding Award

DAODAS: South Carolina Department of Alcohol and Other Drug Abuse Services 1801 Main Street Columbia, South Carolina 29201 Telephone: 803.896.5555	SUBGRANTEE/RECIPIENT: Trinity Behavioral Center PO Box 1011 Marion, SC 29571 Telephone: 843.774.6591
GRANT PROGRAM: This award is based upon Act 239 of South Carolina General Assembly to appropriate monies from Proviso 118.19(86) for Trinity Behavioral Center to construct a new building in Marlboro, South Carolina.	
SUBGRANT NUMBER: STATE23-INF-MDC	SUBGRANT PERIOD: November 3, 2022 - June 30, 2023
AWARD: Marlboro County - \$ 1,500,000.00	SERVICE DESCRIPTION: New Building Construction
DAODAS FINANCIAL REPORTING CODES: Class Code: Various Revenue Code: 4130	FUNDING SOURCE: Statewide Revenue (Proviso 118.19)
DELIVERABLES:	
<ul style="list-style-type: none"> Proposed Budget – Received A Quarterly Report of Expenditures (to include invoices and receipts) as proof of purchases due January 13, 2023 and April 14, 2023. <i>Continue Six Month Reporting until project is complete.</i> A fiscal year FY23 Report on Expenditures of funds due June 1, 2023, including a full report on the goals and objectives as listed on the quarterly template sent in October 2022. Before and After Pictures of updates, as available. Email Deliverables to Randa Golden – rgolden@daodas.sc.gov 	
THE PARTIES ACKNOWLEDGE THAT THE TERMS AND CONDITIONS OF THE "FY23 FUNDING AND COMPLIANCE CONTRACT" SHALL APPLY TO THIS SUPPLEMENTAL AWARD.	
DocuSigned by:  363AF833E338447 Signature of Authorized Agent for Subgrantee	DocuSigned by:  24BFF3C59934CA Sara Goldsby, Director, DAODAS
11/17/2022 6:48:24 AM PST <hr style="width: 100%;"/> Date	11/20/2022 1:04:38 PM EST <hr style="width: 100%;"/> Date



State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports 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 to the designation organization at the end of year quarter and by June 30, 2023.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$1,500,000.00	J200 - Department of Alcohol and Other Drug Abuse Services	Construction of a new facility in MarlboroCounty

Organization Information

Entity Name	Trinity Behavioral Care
Address	PO Box 1011
City/State/Zip	Marion, SC. 29571
Website	trinitybehavioralcare.org
Tax ID#	57-0692964
Entity Type	County

Organization Contact Information

Name	Donny Brock
Position/Title	Executive Director
Telephone	843 845-1061
Email	dbrock@trinitybehavioralcare.org

Reporting Period

Reporting Period	Quarter 2: October 1, 2022 - December 30, 2022
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Accounting of how the funds have been spent:

Description	Budget	Expenditures					Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4			
This is the second grant award for this \$3,000,000.00 project	\$1,500,000.00	\$0.00	\$0.00			\$0.00	\$1,500,000.00	
This award will be spent after the FY22 award is completely spent						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
Grand Total	\$1,500,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,500,000.00	

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year) :

Trinity's boards approved this project's final design/budget 12/1/2022 and construction is expected to begin March 2023. Trinity received \$500,000.00 in a FY2022 state grant to begin this project. As reported in that 12/2022 grant report, to date Trinity has spent \$55,866.72 of that initial award. Trinity will begin to spend this FY2023 \$1,500,000.00 grant we received the last week of December 2022, after the FY2022 grant is completely spent. Therefore, we will carry over all of the \$1,500,000.00 of this grant.

Expenditure Certification

The Organization certifies that the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.

Signature
 William D. Brock, Jr.
 Printed Name

Title
 1/9/23
 Date



State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports 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 to the designation organization at the end of year quarter and by June 30, 2023.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$1,500,000.00	J200 - Department of Alcohol and Other Drug Abuse Services	Construction of a new facility in MarlboroCounty

Organization Information

Entity Name	Trinity Behavioral Care
Address	PO Box 1011
City/State/Zip	Marion, SC. 29571
Website	trinitybehavioralcare.org
Tax ID#	57-0692964
Entity Type	County

Organization Contact Information

Name	Donny Brock
Position/Title	Executive Director
Telephone	843 845-1061
Email	dbrock@trinitybehavioralcare.org

Reporting Period

Reporting Period	Quarter 3: January 1, 2023 - March 31, 2023
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Accounting of how the funds have been spent:

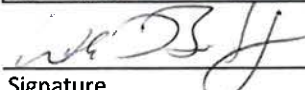
Description	Budget	Expenditures					Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4			
This is the second grant award for this \$3,000,000.00 project	\$1,500,000.00	\$0.00	\$0.00			\$0.00	\$1,500,000.00	
This award will be spent after the FY22 award is completely spent						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
Grand Total	\$1,500,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,500,000.00	

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year) :

Trinity's boards approved this project's final design/budget 12/1/2022. Due to state permitting backlogs, construction has been delayed until June. Trinity received \$500,000.00 in a FY2022 state grant to begin this project. To date Trinity has spent \$59,712.72 of that initial award. (\$4,501.00 this quarter) Trinity will begin to spend this FY2023 \$1,500,000.00 grant we received the last week of December 2022, after the FY2022 grant is completely spent. Therefore, we will carry over this grant's \$1,500,000.00.

Expenditure Certification

The Organization certifies that the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.


 Signature
 William D. Brock, Jr.
 Printed Name

Executive Director
 Title
 4 / 3 / 23
 Date



State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports 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 to the designation organization at the end of year quarter and by June 30, 2023.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$500,000.00	J200 - Department of Alcohol and Other Drug Abuse Services	Construction of a new facility in Dillon County

Organization Information

Entity Name	Trinity Behavioral Care
Address	PO Box 1011
City/State/Zip	Marion, SC. 29571
Website	trinitybehavioralcare.org
Tax ID#	57-0692964
Entity Type	County

Organization Contact Information

Name	Donny Brock
Position/Title	Executive Director
Telephone	843 845-1061
Email	dbrock@trinitybehavioralcare.org

Reporting Period

Reporting Period	Quarter 2: October 1, 2022 - December 30, 2022
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Accounting of how the funds have been spent:

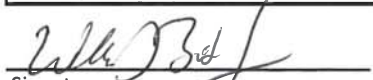
Description	Budget	Expenditures				Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
FY2023 Grant	\$500,000.00					\$0.00	\$500,000.00
Fbi Construction (contractor) 6 invoices 12/2/2021 - 5/2022		\$588,191.53				\$588,191.53	-\$588,191.53
Business Data Systems (IT contractor) 6/23/2022-10/6/2022		\$2,382.30				\$2,382.30	-\$2,382.30
Beehive LLC (furniture) 5/26/2022		\$7,153.57	\$1,954.53			\$9,108.10	-\$9,108.10
M&M Lawn Care (landscaping) 12/14/2022			\$4,250.00			\$4,250.00	-\$4,250.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$500,000.00	\$597,727.40	\$6,204.53	\$0.00	\$0.00	\$603,931.93	-\$103,931.93


Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year):

1st & FINAL REPORT: Total cost of this project was \$3,012,952.90. Previous FY21 & FY22 grants totaled: \$2,500,000.00. Leaving a balance of \$512,952.90 covered by a construction loan and general funds. Expenses not previously allocated to prior grants are allocated to this FY23 award. Invoices attached are the most recent and justify the expenditures of this FY23 \$500,000.00 grant. 1st invoice (FBI 12/2/21) was partially allocated to the FY22 grant. Construction loan paid off as noted on the proj checking acct balance sheet.

Expenditure Certification

The Organization certifies that the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.


 Signature
 William D. Brock, Jr.
 Printed Name


 Executive Director
 Title
 1/10/23
 Date



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
\$1,500,000.00	J200 - Department of Alcohol and Other Drug Abuse Services	Unite Us Implementation

Organization Information

Entity Name	Unite Us
Address	217 Broadway, Floor 8
City/State/Zip	New York, NY 10007
Website	www.uniteus.com
Tax ID#	46-1914165
Entity Type	Private Entity

Organization Contact Information

Contact Name	Apollinaire Amondji
Position/Title	VP Finance
Telephone	(800) 461-9330
Email	apollinaire.amondji@uniteus.com

Plan/Accounting of how these funds will be spent:

Description	Budget	Explanation
Unite Us Implementation - Network Access & Premium Support	\$1,040,000.00	Unlimited licenses to the Unite Us platform within territory for Licensed Entities;
Unite Us Implementation - Insights	\$460,000.00	Standard Data Dashboards and Unite Us Social Connector Analytics
Grand Total	\$1,500,000.00	

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

In South Carolina, social vulnerability and unmet mental health burdens contribute directly to disproportionately high health risk and elevated healthcare spending. The South Carolina Department of Alcohol and Other Drug Abuse Services ("DAODAS" or "Customer") is committed to addressing these issues through its commitment to substance use prevention and treatment access. In administering the 2022 Substance Abuse Block Grant, DAODAS has identified and prioritized several priority populations and services including individuals facing financial barriers to treatment access, individuals transitioning from incarceration, individuals who are pregnant, and individuals who are at risk of HIV/AIDS, amongst others, for prioritization and investment. Through the Unite Us IT Implementation, DAODAS will leverage advanced analytics to identify social risk amongst at-risk populations and securely facilitate referrals between treatment providers and social service organizations via the Unite Us Platform to address the social factors that contribute to poor outcomes.

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.

Apollinaire Amondji
Organization Signature

Apollinaire Amondji
Printed Name

Vice President, FP&A
Title
10/27/2022
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 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.

Sara Goldsky
Agency Head Signature

11/23/2022
Date

Sara Goldsky
Printed Name