



## 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                                                          |
|--------------|-----------------------------------------|------------------------------------------------------------------|
| \$250,000.00 | H630 - Department of Education          | SC Healthy Connections Medicaid Outreach and Enrollment Services |

### Organization Information

|                |                                                              |
|----------------|--------------------------------------------------------------|
| Entity Name    | Palmetto Project, Inc.                                       |
| Address        | 6296 Rivers Ave, STE 100                                     |
| City/State/Zip | North Charleston, SC 29406                                   |
| Website        | <a href="http://palmettoproject.org">palmettoproject.org</a> |
| Tax ID#        | 57-0807801                                                   |
| Entity Type    | Nonprofit Organization                                       |

### Organization Contact Information

|                |                                                                              |
|----------------|------------------------------------------------------------------------------|
| Contact Name   | Shelli Quenga                                                                |
| Position/Title | Chief Innovation Officer                                                     |
| Telephone      | 843-266-5685                                                                 |
| Email          | <a href="mailto:squenga@palmettoproject.org">squenga@palmettoproject.org</a> |

### Plan/Accounting of how these funds will be spent:

| Description        | Budget              | Explanation                                                                   |
|--------------------|---------------------|-------------------------------------------------------------------------------|
| Personnel          | \$164,200.00        | PTE 3 Admin staff and 11 Program staff = 3 FTE                                |
| Fringe Benefits    | \$36,500.00         | 22% of total salaries. Includes FICA, payroll taxes and health insurance.     |
| Travel             | \$3,200.00          | 397 miles per month x 0.65 x 12 months                                        |
| Equipment          | \$0.00              | N/A                                                                           |
| Supplies           | \$6,500.00          | Program Supplies and applicable general office supplies.                      |
| Contractual        | \$0.00              | N/A                                                                           |
| Construction       | \$0.00              | N/A                                                                           |
| Other              | \$39,600.00         | Outreach, Training, Communications, Postage, Rent, Audit, Printing, Americorp |
|                    |                     |                                                                               |
| <b>Grand Total</b> | <b>\$250,000.00</b> |                                                                               |

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

These funds will be used to conduct outreach and enrollment activities for SC Healthy Connections Medicaid by engaging school districts, parents, and community partners in a systematic approach to support Medicaid outreach, enrollment and retention for children, pregnant individuals, and very low income seniors. These services will include the following: (1) encouraging Medicaid members to update their mailing address through the Medicaid call center, using DHHS FM 910-8, or the new web-based portal; (2) the importance of opening and immediately responding to correspondence from SC Healthy Connections; and (3) promoting the availability of assistance from trained Palmetto Project staff in completing and submitting initial and annual review applications. Palmetto Project's efforts will help to minimize time off work for applicants, mitigate transportation difficulties, and streamline the eligibility determination process for Medicaid workers by providing a more complete and legible application packet. Activities will focus on those South Carolinians applying for the following coverage categories: Partners for Healthy Children; Parent/Caretaker/Relative; Pregnant Women; TEFRA/Katie Beckett Waiver; Medicare Savings Programs; Aged/Blind/Disabled; and Community Long-Term Care Waiver.

### 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

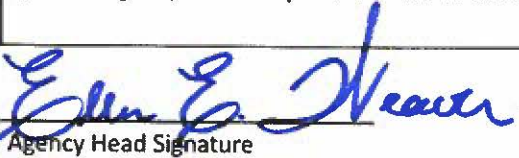
PRESIDENT/CEO  
Title

STEPHEN SKARDON JR  
Printed Name

10/23/2023  
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 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

Nov. 8, 2023  
Date

Ellen E. Weaver  
Printed Name