

**From:** Parris, Ruth  
**To:** [Parris, Ruth](mailto:Parris.Ruth)  
**Subject:** FW: Approval and Acceptance and Invoicing Assignment Notification - Bon Secours St. Francis Health System  
**Date:** Tuesday, March 5, 2024 6:11:00 PM

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**From:** Bon Secours Health System <[administrator@grantinterface.com](mailto:administrator@grantinterface.com)>  
**Sent:** Friday, February 23, 2024 12:39 PM  
**To:** Poteet, Katie <[kpoteet@greenvillecounty.org](mailto:kpoteet@greenvillecounty.org)>  
**Subject:** Approval and Acceptance and Invoicing Assignment Notification - Bon Secours St. Francis Health System

CAUTION: This email is from an EXTERNAL source. Ensure you trust this sender before clicking on any links or attachments.

Dear Katie,

Congratulations! You have been awarded \$5,000.00 for your Cardiac Arrest Survivor Ceremony project! Please log in to Bon Secours St. Francis Health System's online system and review and complete the acceptance and invoice form as part of your grant requirements.

Follow these steps to complete the contract:

1. [Log in](#) with your username ([kpoteet@greenvillecounty.org](mailto:kpoteet@greenvillecounty.org)) and password.
2. Once logged in you will be on the Applicant Dashboard.
3. Below your application, you will see that it reads Acceptance and Invoicing. Click on the blue "Edit" link to the right of the form. You can save the form as often as you need but remember to submit by the due date (02/29/2024 12:00 PM EST).

**Note:** Reimbursements will begin once this form is submitted.

In addition to the grant agreement, you will be assigned a report due at a later date. You will receive a notification of the report and a reminder prior to the deadline.

Thank you,

Bon Secours St. Francis Health System

### **Applicant Information**

#### **Katie Poteet**

301 University Ridge Bldg. B  
Suite 1100  
Greenville, SC 29601  
864-467-7009  
[kpoteet@greenvillecounty.org](mailto:kpoteet@greenvillecounty.org)

### **Organization: Greenville County EMS**

Form Name: Acceptance and Invoicing  
Process Name: 2024 Request for Funds from Bon Secours St. Francis  
Project Name: Cardiac Arrest Survivor Ceremony

# Cardiac Arrest Survivor Ceremony

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*2024 Request for Funds from Bon Secours St. Francis*

## ***Greenville County EMS***

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Dr. Tom Blackwell  
301 University Ridge Bldg. B  
Suite 1100  
Greenville, SC 29601

kpoteet@greenvillecounty.org  
O: 864-518-1163

## ***Mrs. Katie Poteet***

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301 University Ridge Bldg. B  
Suite 1100  
Greenville, SC 29601

kpoteet@greenvillecounty.org  
O: 864-467-7009  
M: 864-518-1163

# Application Form

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## *Organization Information*

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### Organization Name\*

Greenville County EMS

### Current W-9

Please upload a current year signed W-9.

form\_w9.pdf

### Please provide a short summary of your organization

Greenville County EMS is a third-service municipal department that provides primary 9-1-1 response to emergency medical calls for service to 795 square miles within Greenville County. The department was established as a County-based operation in 1975 and continues to be the largest and busiest EMS system in South Carolina. Our mission is "Excellence in prehospital healthcare for Greenville County through service, innovation, and leadership." The dual-tiered system design includes advanced life support and basic life support ambulances. The department collaborates and is aligned in strategic partnerships with the healthcare delivery systems in the community including Bon Secours St. Francis Health System and Prisma Health System. Physicians from both organizations serve as voting members of the County's Emergency Medical Advisory Council.

### State the mission of your organization.\*

Excellence in prehospital healthcare for Greenville County through service, innovation, and leadership.

### Describe populations impacted and the long-term goals of your organization.\*

Please be concise.

Greenville County Emergency Medical Services is a municipal provider for all 9-1-1 requests for emergency medical care and transport. The department's mission is "Excellence in prehospital healthcare for Greenville County through service, innovation, and leadership." The department covers 795 square miles of geography and serves a population of over 560,000 citizens and visitors.

Greenville County EMS was established as an ambulance provider in 1975 and continues to function as a high performance department comprised of 9-1-1 telecommunicators, field providers certified at the emergency medical technician and paramedic levels, and administrative staff. The department collaborates and is aligned in strategic partnerships with the healthcare delivery systems in the community including Bon Secours St. Francis Health System and Prisma Health System. Physicians from both organizations serve as voting members of the County's Emergency Medical Advisory Council.

The department's vision is "To serve the community as a high performance system with dedicated and committed employees." Created in 2011, the Cardiac Arrest Survivor Ceremony has honored and celebrated over 500 first responders and more than 100 survivors. The first goal of this ceremony is to recognize the dedicated and committed first responders who provided exceptional care to patients in cardiac arrest. First responders will be reunited with their survivors to share their stories and gratitude. The second goal of the

ceremony is to promote the importance of bystander CPR and educate the public on how to perform hands-only CPR.

**List funding received from Bon Secours St. Francis Health System in the past three years:\***

In 2022, \$5,000 was received for Cardiac Arrest Survivor Ceremony sponsorship. Bon Secours St. Francis Health System matches funding with Prisma Health System and Greenville County to financially support the physician Executive Director of Greenville County EMS. The agreement was executed in July, 2020.

**Bon Secours St. Francis Employee Relationships**

Please list any employees of Bon Secours St. Francis who may serve on your Board or any other advisory committees within your organization. Please list their role within your organization as well. Additionally, if you regularly work with a group within the health system on projects, please share their names.

Surabhi Gaur (Chair, Emergency Medical Advisory Committee), Ric Sedlak (Voting Member, EMAC), Damon Flowers (Voting Member, EMAC), Daniel Green (Voting Member, EMAC)

**In-Kind Services**

List any in-kind services you have received from Bon Secours St. Francis.

NA

**Are you requesting funds for a specific event or a grant/program?\***

Event(s)

**Name of Event(s) or Program/Grant request:\***

Please list all events for annual request. If you are applying for a grant/program, please list name here as well.

Cardiac Arrest Survivor Ceremony

**Amount requested. \***

\$7,000.00

**Annual Operating Budget\***

Attach your organization's annual budget for the current fiscal year, including income and expenses

104160 - EMS Budget.pdf

Attach your organization's annual budget for the previous year, including income and expenses. Note: if your organization is new and does not have a budget from the last fiscal year, enter "N/A." \*

104160 - EMS Budget.pdf

## *Event Specific Request*

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**Name of First Event:\***

Cardiac Arrest Survivor Ceremony

**Event contact if different from organization contact. \***

Put NA if same as organization contact.

NA

**Date of event. \***

05/08/2024

**Amount requested for event. \***

\$7,000.00

**How many times/years have you organized this event?\***

7 years

**Write or upload sponsorship request. \***

Ceremony Sponsor Request.pdf

**Marketing Deadline\***

03/01/2024

**Do you have a second event?\***

No

## *Impacts*

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**Select Impact Area(s)\***

Please check all that apply.

Other

**If you answered "other," "service lines," or "social determinants of health," please specify.**

Improves educational awareness to the community on the importance of bystander CPR.

**Geographic Area\***

Please choose the impact counties

Greenville

If you answered "other" please specify.

*Scale and Scope*

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**What other organizations are you currently collaborating with to accomplish your mission?\***

Please include other funding received or requested for this project.

Greenville County requested \$7,000 from Prisma Health System as an equal sponsor of this event.

**What are the anticipated outcomes from this event/program.\***

Greenville County anticipates over 500 attendees at the 2024 Cardiac Arrest Survivor Ceremony. More than 300 honorees will be invited and over 50 survivors will be celebrated.

**If these funds help you grow capacity, please explain how.\***

N/A

*Certifications*

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\*\*\*\*\*Bon Secours St. Francis Health System is committed to collaborative partnerships and effective results in the implementation of our corporate philanthropy. To that end, applicants are required to agree to reporting, and communications/ media requirements.

**Performance\***

All funded activities where possible will align with the Bon Secours Community Health Needs Assessment and/or mission, values and vision.

I agree

**Communications/Media Requirements\***

- ♣ Bon Secours requires all grantees to use the proper title of Bon Secours St. Francis Health System, its address, and logo in media and other communications.
- ♣ Any usage of logo will be submitted for approval

Yes, I agree

**Electronic Signature\***

Katie Poteet



# File Attachment Summary

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## *Applicant File Uploads*

- form\_w9.pdf
- 104160 - EMS Budget.pdf
- 104160 - EMS Budget.pdf
- Ceremony Sponsor Request.pdf



# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**County of Greenville**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

C Corporation

S Corporation

Partnership

Trust/estate

Other (see instructions) ▶ **Government**

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

**301 University Ridge, Suite N-2400** Requester's name and address (optional)

**6** City, state, and ZIP code  
**Greenville, SC 29601**

**7** List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

				-							
--	--	--	--	---	--	--	--	--	--	--	--

**or**

**Employer identification number**

5	7		-	6	0	0	0	3	5	6
---	---	--	---	---	---	---	---	---	---	---

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** Signature of U.S. person ▶ *Angela E Roache* Date ▶ **8/21/2023**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

GENERAL FUND EMERGENCY MEDICAL SERVICES												
Org	Object	Description	FY2024					FY2025				
			Base Budget	Expansion Requests	Expansions Added	Adjustments	Total	Base Budget	Expansion Requests	Expansions Added	Adjustments	Total
104160	511010	SALARIES- FULL TIME	14,392,854	298,848	115,284	463,398	14,971,536	14,392,854	288,368	149,323	1,088,022	15,630,199
104160	511020	SALARIES- PART TIME	1,053,744	-	-	-	1,053,744	1,053,744	-	-	-	1,053,744
104160	511030	SALARIES- FULL TIME OVERTIME	1,035,511	-	-	-	1,035,511	1,035,511	-	-	-	1,035,511
104160	511040	SALARIES- PART TIME OVERTIME	32,484	-	-	-	32,484	32,484	-	-	-	32,484
104160	511100	FICA	1,263,522	22,862	8,819	35,294	1,307,635	1,263,522	22,060	11,424	83,078	1,358,024
104160	511110	POLICE RETIREMENT	-	-	-	-	-	-	-	-	-	-
104160	511120	SC RETIREMENT	2,872,559	55,466	21,397	86,177	2,980,133	2,872,559	53,521	27,714	193,751	3,094,024
104160	511130	DENTAL INSURANCE	79,704	648	648	-	80,352	79,704	972	972	648	81,324
104160	511140	LIFE INSURANCE	20,172	164	164	-	20,336	20,172	246	246	164	20,582
104160	511150	WORKERS COMPENSATION	599,454	11,954	358	-	599,812	599,454	11,535	462	358	600,274
104160	511160	UNEMPLOYMENT INSURANCE	879	6	6	-	885	879	9	9	6	894
104160	511170	HEALTH INSURANCE	3,075,000	25,000	25,000	(126,209)	2,973,791	3,075,000	37,500	37,500	(101,448)	3,011,052
104160	511180	VISION INSURANCE	-	-	-	-	-	-	-	-	-	-
		<b>TOTAL SALARIES/BENEFITS</b>	<b>24,425,883</b>	<b>414,948</b>	<b>171,676</b>	<b>458,660</b>	<b>25,056,219</b>	<b>24,425,883</b>	<b>414,211</b>	<b>227,650</b>	<b>1,264,579</b>	<b>25,918,112</b>
104160	500010	COPY EXPENSE	-	-	-	-	-	-	-	-	-	-
104160	500020	POSTAGE	-	-	-	-	-	-	-	-	-	-
104160	500030	PRINTING & BINDING	-	-	-	-	-	-	-	-	-	-
104160	500070	ADVERTISING	-	-	-	-	-	-	-	-	-	-
104160	500090	MEMBERSHIPS & DUES	3,500	-	-	-	3,500	3,500	-	-	-	3,500
104160	500110	GAS/OIL/LUBE	385,000	585,200	585,200	-	970,200	385,000	-	585,200	-	970,200
104160	500120	TIRES	60,000	-	-	-	60,000	60,000	-	-	-	60,000
104160	500130	TOOLS	-	-	-	-	-	-	-	-	-	-
104160	500290	OPERATIONAL SUPPORT	312,837	-	-	-	312,837	312,837	-	-	-	312,837
104160	500310	OPERATIONAL ASSETS	-	-	-	-	-	-	-	-	-	-
104160	502010	GENERAL TRANSPORTATION	-	-	-	-	-	-	-	-	-	-
104160	502020	TRAINING/TRAVEL/CONFERENCE	20,000	10,000	-	-	20,000	20,000	-	-	-	20,000
104160	502210	OFFICE SUPPLIES	7,000	-	-	-	7,000	7,000	-	-	-	7,000
104160	502240	JANITORIAL SUPPLIES	6,500	-	-	-	6,500	6,500	-	-	-	6,500
104160	502250	MEDICAL/DENTAL SUPPLIES	928,388	169,922	-	-	928,388	928,388	-	-	-	928,388
104160	502520	GENERAL MAINTENANCE	8,000	-	-	-	8,000	8,000	-	-	-	8,000
104160	502530	AUTO REPAIRS	460,000	322,000	-	-	460,000	460,000	-	-	-	460,000
104160	502710	TECHNICAL/PROFESSIONAL SERVICE	-	-	-	-	-	-	-	-	-	-
104160	502820	PERSONNEL UNIFORMS	90,000	13,500	-	-	90,000	90,000	-	-	-	90,000
104160	502920	MEDICAL EXAM REPORTS	20,000	-	-	-	20,000	20,000	-	-	-	20,000
		<b>TOTAL OPERATING</b>	<b>2,301,225</b>	<b>1,100,622</b>	<b>585,200</b>	<b>-</b>	<b>2,886,425</b>	<b>2,301,225</b>	<b>-</b>	<b>585,200</b>	<b>-</b>	<b>2,886,425</b>
104160	503700	SERVICE CONTRACTUAL AGREEMENTS	544,148	123,930	-	-	544,148	544,148	7,500	-	-	544,148
104160	503710	RENTAL CONTRACT AGREEMENTS	91,501	22,244	-	-	91,501	91,501	7,100	-	-	91,501
		<b>TOTAL CONTRACTUAL</b>	<b>635,649</b>	<b>146,174</b>	<b>-</b>	<b>-</b>	<b>635,649</b>	<b>635,649</b>	<b>14,600</b>	<b>-</b>	<b>-</b>	<b>635,649</b>
104160	504540	CAPITAL EQUIPMENT >\$5,000	-	-	-	-	-	-	-	-	-	-
104160	504550	CAPITAL PROJECTS >\$5,000	-	-	-	-	-	-	-	-	-	-
104160	504570	CAPITAL EQUIP. FEDERAL >\$5,000	-	-	-	-	-	-	-	-	-	-
		<b>TOTAL CAPITAL</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
		<b>DEPARTMENT TOTAL</b>	<b>27,362,757</b>	<b>1,661,744</b>	<b>756,876</b>	<b>458,660</b>	<b>28,578,293</b>	<b>27,362,757</b>	<b>428,811</b>	<b>812,850</b>	<b>1,264,579</b>	<b>29,440,186</b>

**Adjustments**

Increased salary and benefit funding for salary adjustment

**Expansions Added**

Operational increase for fuel

Salary and benefit funding for 2 positions for FY2024 (Support Services Supervisor and Clinical Services Manager)

Salary and benefit funding for 3 positions for FY2025 (Communication Quality Improvement Specialist, Data Specialist, and Administrative Coordinator)

GENERAL FUND EMERGENCY MEDICAL SERVICES												
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			Base Budget	Expansion Requests	Expansions Added	Adjustments	Total	Base Budget	Expansion Requests	Expansions Added	Adjustments	Total
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104160	511020	SALARIES- PART TIME	1,053,744	-	-	-	1,053,744	1,053,744	-	-	-	1,053,744
104160	511030	SALARIES- FULL TIME OVERTIME	1,035,511	-	-	-	1,035,511	1,035,511	-	-	-	1,035,511
104160	511040	SALARIES- PART TIME OVERTIME	32,484	-	-	-	32,484	32,484	-	-	-	32,484
104160	511100	FICA	1,263,522	22,862	8,819	35,294	1,307,635	1,263,522	22,060	11,424	83,078	1,358,024
104160	511110	POLICE RETIREMENT	-	-	-	-	-	-	-	-	-	-
104160	511120	SC RETIREMENT	2,872,559	55,466	21,397	86,177	2,980,133	2,872,559	53,521	27,714	193,751	3,094,024
104160	511130	DENTAL INSURANCE	79,704	648	648	-	80,352	79,704	972	972	648	81,324
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104160	511150	WORKERS COMPENSATION	599,454	11,954	358	-	599,812	599,454	11,535	462	358	600,274
104160	511160	UNEMPLOYMENT INSURANCE	879	6	6	-	885	879	9	9	6	894
104160	511170	HEALTH INSURANCE	3,075,000	25,000	25,000	(126,209)	2,973,791	3,075,000	37,500	37,500	(101,448)	3,011,052
104160	511180	VISION INSURANCE	-	-	-	-	-	-	-	-	-	-
		<b>TOTAL SALARIES/BENEFITS</b>	<b>24,425,883</b>	<b>414,948</b>	<b>171,676</b>	<b>458,660</b>	<b>25,056,219</b>	<b>24,425,883</b>	<b>414,211</b>	<b>227,650</b>	<b>1,264,579</b>	<b>25,918,112</b>
104160	500010	COPY EXPENSE	-	-	-	-	-	-	-	-	-	-
104160	500020	POSTAGE	-	-	-	-	-	-	-	-	-	-
104160	500030	PRINTING & BINDING	-	-	-	-	-	-	-	-	-	-
104160	500070	ADVERTISING	-	-	-	-	-	-	-	-	-	-
104160	500090	MEMBERSHIPS & DUES	3,500	-	-	-	3,500	3,500	-	-	-	3,500
104160	500110	GAS/OIL/LUBE	385,000	585,200	585,200	-	970,200	385,000	-	585,200	-	970,200
104160	500120	TIRES	60,000	-	-	-	60,000	60,000	-	-	-	60,000
104160	500130	TOOLS	-	-	-	-	-	-	-	-	-	-
104160	500290	OPERATIONAL SUPPORT	312,837	-	-	-	312,837	312,837	-	-	-	312,837
104160	500310	OPERATIONAL ASSETS	-	-	-	-	-	-	-	-	-	-
104160	502010	GENERAL TRANSPORTATION	-	-	-	-	-	-	-	-	-	-
104160	502020	TRAINING/TRAVEL/CONFERENCE	20,000	10,000	-	-	20,000	20,000	-	-	-	20,000
104160	502210	OFFICE SUPPLIES	7,000	-	-	-	7,000	7,000	-	-	-	7,000
104160	502240	JANITORIAL SUPPLIES	6,500	-	-	-	6,500	6,500	-	-	-	6,500
104160	502250	MEDICAL/DENTAL SUPPLIES	928,388	169,922	-	-	928,388	928,388	-	-	-	928,388
104160	502520	GENERAL MAINTENANCE	8,000	-	-	-	8,000	8,000	-	-	-	8,000
104160	502530	AUTO REPAIRS	460,000	322,000	-	-	460,000	460,000	-	-	-	460,000
104160	502710	TECHNICAL/PROFESSIONAL SERVICE	-	-	-	-	-	-	-	-	-	-
104160	502820	PERSONNEL UNIFORMS	90,000	13,500	-	-	90,000	90,000	-	-	-	90,000
104160	502920	MEDICAL EXAM REPORTS	20,000	-	-	-	20,000	20,000	-	-	-	20,000
		<b>TOTAL OPERATING</b>	<b>2,301,225</b>	<b>1,100,622</b>	<b>585,200</b>	<b>-</b>	<b>2,886,425</b>	<b>2,301,225</b>	<b>-</b>	<b>585,200</b>	<b>-</b>	<b>2,886,425</b>
104160	503700	SERVICE CONTRACTUAL AGREEMENTS	544,148	123,930	-	-	544,148	544,148	7,500	-	-	544,148
104160	503710	RENTAL CONTRACT AGREEMENTS	91,501	22,244	-	-	91,501	91,501	7,100	-	-	91,501
		<b>TOTAL CONTRACTUAL</b>	<b>635,649</b>	<b>146,174</b>	<b>-</b>	<b>-</b>	<b>635,649</b>	<b>635,649</b>	<b>14,600</b>	<b>-</b>	<b>-</b>	<b>635,649</b>
104160	504540	CAPITAL EQUIPMENT >\$5,000	-	-	-	-	-	-	-	-	-	-
104160	504550	CAPITAL PROJECTS >\$5,000	-	-	-	-	-	-	-	-	-	-
104160	504570	CAPITAL EQUIP. FEDERAL >\$5,000	-	-	-	-	-	-	-	-	-	-
		<b>TOTAL CAPITAL</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
		<b>DEPARTMENT TOTAL</b>	<b>27,362,757</b>	<b>1,661,744</b>	<b>756,876</b>	<b>458,660</b>	<b>28,578,293</b>	<b>27,362,757</b>	<b>428,811</b>	<b>812,850</b>	<b>1,264,579</b>	<b>29,440,186</b>

**Adjustments**

Increased salary and benefit funding for salary adjustment

**Expansions Added**

Operational increase for fuel

Salary and benefit funding for 2 positions for FY2024 (Support Services Supervisor and Clinical Services Manager)

Salary and benefit funding for 3 positions for FY2025 (Communication Quality Improvement Specialist, Data Specialist, and Administrative Coordinator)



**Emergency Medical Services**  
**301 University Ridge Suite 1100**  
**Greenville, SC 29601**  
**(864) 467-7005**  
**[www.greenvillecounty.org](http://www.greenvillecounty.org)**

January 22, 2024  
Bon Secours St. Francis Health System  
1 St. Francis Drive  
Greenville, SC 29601

Dear Grant Committee,

On May 8, 2024, Greenville County EMS is planning to host the Cardiac Arrest Survivor Ceremony. This event will honor over 300 first responders and celebrate more than 50 survivors of cardiac arrest. In addition, this event will promote and educate the public on the importance of bystander CPR.

Greenville County EMS, Bon Secours St. Francis Health System, and Prisma Health System have partnered together for seven years to bring this event to the Greenville community. Greenville County EMS respectfully requests the continued partnership and sponsorship from Bon Secours St. Francis for the 8<sup>th</sup> annual Cardiac Arrest Survivor Ceremony. In this role, each health system would provide \$7,000 and in turn, be promoted as an official sponsor for the event. In addition, Bon Secours has the opportunity to select one representative as a member of the official planning committee.

With Bon Secours St. Francis as an official sponsor of the event, we are sure to achieve a successful and meaningful ceremony once again. Greenville County appreciates the consideration for sponsorship and if further information is required please do not hesitate to contact us.

Sincerely,

Katie Poteet  
Senior Director