



September 20, 2024

Greenville County
Attention: Joe Kernell, County Administrator
301 University Ridge, #2400
Greenville, South Carolina 29601

Re: EMS – GIA Funds SFY2025

Dear Mr. Kernell:

The South Carolina Department of Public Health (“DPH”) distributes state appropriated EMS funds in accordance with Section 31.7 of the Part IB Provisos of the 2024-2025 Appropriations Act. The funds must be utilized as outlined in this document and for the purpose of improving and upgrading the Emergency Medical Services system throughout the state. The monies allocated to the Counties are for the purpose of improving or upgrading the local EMS system through the licensed ambulance services. The funds are allocated in accordance with the following methodology or formula: 50% of the funds appropriated will be allocated equally among the 46 counties in SC and the remaining 50% will be allocated based on the proportion of the population in each county. **Greenville County’s** allocation for Fiscal Year 2024-2025 is determined to be **\$33,198.36**.

Proviso 117.21 in the Miscellaneous Provisions section of the Act states: “Each state agency receiving funds that are a direct appropriation to a non-profit organization, prior to disbursing the funds, shall require from each recipient organization a plan of how the state funds will be spent and how the expenditures will provide a public benefit. The Executive



Budget Office, Department of Administration shall provide each state agency with a standard form for collecting the information required. After receiving the funds, non-profit organizations shall provide quarterly spending updates to the respective state agency. After all state funds have been expended, each organization shall provide an accounting of how the funds were spent, including an accounting of funds provided to subgrantees and affiliated non-profits." Please visit our website, <https://dph.sc.gov/professionals/healthcare-quality/contribution-and-distribution-expenditure-program>, to download the required forms. Your first quarterly spending update will be due January 15, 2025, and quarterly spending update shall end after all funds have been expended and a final quarterly spending update has been provided.

Disbursement of these funds will take place once we receive the signed agreement and the completed Disbursement Request Form. No funds shall be disbursed to organizations or purposes which practice discrimination against persons by virtue of race, creed, color, or national origin.

In addition to these requirements, Proviso 31.7 allows local matching funds to be provided by the recipients of the allocations. In order to meet these requirements, we will need the following:

1. Documentation that the receiving party meets the 5.5% matching amount and a description of the local matching funds.

Please remember to timely submit such information to DPH should your organization receive EMS funds.

Code Section 11-9-110 requires that an organization receiving funds submit to the Executive Budget Office and the Revenue and Fiscal Affairs Office by the end of the fiscal year (June 30, 2025) a detailed statement explaining the nature and function of its organization as well as a detailed statement explaining the use that was made of the funds. Funds will not be distributed to an organization until it agrees in writing to allow the State Auditor to audit or cause to be audited the Funds.



It is preferred that the above documentation be sent electronically to EMSGIA@DPH.SC.GOV. If that is not feasible, please mail to **Mary Neely, Grant in Aid, DPH Division of EMS, PO Box 101106, Columbia, SC 29211.**

Please contact Mary Neely at (803) 545-4273 or email at EMSGIA@DPH.SC.GOV if you have any questions or need further assistance.

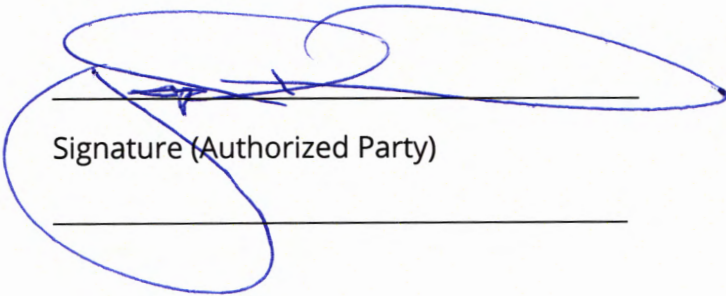
Sincerely,

Gwen Thompson
Director of Healthcare Quality

I agree to provide the required documentation outlined in this letter. I agree to allow the State Auditor to audit or cause to be audited the funds. I am a representative of **Greenville County**, authorized to legally commit this organization.

JOSEPH M. KERNELL
Greenville County Administrator

Print Name (Authorized Party)



Signature (Authorized Party)



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 2024 and Executive Order 2022-19. This form must be submitted to the state agency that is providing the contribution for the designated organization. The state agency providing the contribution should use this form to collect information from the designated organization. The information must be collected from the designated organization before the funds can be disbursed.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose

Organization Information

Entity Name	County of Greenville
Address	301 University Ridge, Suite N-2400
City/State/Zip	Greenville, SC 29601
Website	www.greenvillecounty.org
Tax ID#	576000356
Entity Type	local government

Organization Contact Information

Contact Name	Ruth Parris
Position/Title	Budget Director
Telephone	864-467-7037
Email	rparris@greenvillecounty.org

Plan/Accounting of how these funds will be spent:

Description	Budget	Explanation
Airway First-In Bags	\$17,765.00	G3 Breather Bag with Oxygen Module
Tactical Medic Ballistic Vests and Helmets	\$17,365.54	Protection & Safety Equipment
Grand Total	\$35,130.54	

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

Greenville County EMS will use available funding to purchase first-in bags specifically designed for carrying essential airway management equipment. These airway bags will promote a standardized approach to airway management across our department. With clearly organized bags and specific airway equipment, we can streamline our response to the public and reduce the risk of error, ensuring that providers can quickly find and utilize the correct tools. Greenville County EMS will also purchase five tactical medic ballistic vests and helmets specifically for our tactical medic team. This team is specially trained to provide emergency medical services in high-risk, high-intensity situations, including active shooter incidents and other potentially life-threatening scenarios. The requested equipment will provide the necessary protection for our Tactical Medic Team, enabling them to provide medical services to the public safely.

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

Joseph Kernell
Printed Name

County Administrator
Title

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 2024.
- 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, 2025.

DHEC Representative

Date

Printed Name