



October 31, 2022

Greenville County
Attention: Mr. Joseph Kernell, County Administrator
Greenville County Square
301 University Ridge-Suite 2400
Greenville, South Carolina 29601

Re: EMS - GIA Funds SFY2023

Dear Mr. Kernell:

The South Carolina Department of Health and Environmental Control ("DHEC") distributes state appropriated EMS funds in accordance with Section 34.8 of the Part IB Provisos of the 2022-2023 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 2022-2023 is determined to be **\$32,884.21**.

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."

Please visit our website, <https://scemsportal.org/documents-and-links/Document-and-link-detail?recordID=366>, to download the required forms. Your first quarterly spending update will be due January 15, 2023 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 34.8 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.

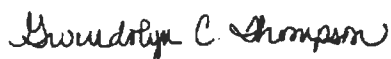
Please remember to timely submit such information to DHEC should your organization receive EMS funds.

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, 2023) 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@DHEC.SC.GOV. If that is not feasible, please mail to **Mary Neely, Grant in Aid, DHEC Bureau of EMS, 2600 Bull Street, Columbia, SC 29201.**

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

Sincerely,

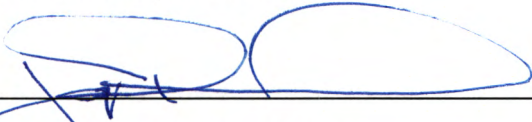


Gwen Thompson
Director of Healthcare Quality

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)

11/14/22

Date