



GRANT AGREEMENT

BETWEEN

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

AND

The Hive Community Circle

(The Recipient)

The Agreement shall be between South Carolina Department of Health and Environmental Control (SCDHEC) and the Recipient.

The Hive Community Circle (Contractor)

This Agreement by and between the South Carolina Department of Health and Environmental Control (DHEC) and **(the Recipient)** a Non-Profit existing under the laws of South Carolina, is to provide for the distribution of funds \$500,000.00 (**nonrecurring funds**) appropriated in 2023 Act 84, Part IB, Proviso 118.19.

The parties agree as follows:

A. STATEMENT OF PURPOSE:

The purpose of the Agreement is to provide funding to Recipient, in support of the

Peer Support Services (The Project)

This Agreement furthers DHEC's statutory mission and serves the public purpose.

B. SCOPE OF SERVICES:

The Recipient shall utilize the funds for the activities and services (**The Project**) as outlined in the attached Earmarked Appropriations Disbursement Request Form (Exhibit 1) as completed with supporting documents, which will be incorporated into this Agreement upon acceptance under Paragraph D.

C. TERM:

This Agreement shall be effective upon signature, calendar year **2023** and shall terminate on June 30, **2024**. Recipients obligations under this Agreement shall survive termination.

D. PAYMENT:

1. Recipient shall submit a written request for payment not to exceed \$500,000.00 and shall include with the request the information on the attached Earmarked appropriations Disbursement Request Form (Exhibit I) including the following as required by Proviso **117.21**.
 - a. An accounting of how the Funds will be spent (Planned Expenditure Summary),
 - b. Goals to be accomplished, and
 - c. Proposed measures to evaluate success in implementing and meeting the goals. *(Per Proviso 117.21 no funds shall be released until the required plan of how the state funds will be spent and how the expenditures will provide a public benefit are filed with the agency)*
2. Upon acceptance by DHEC, the request for payment will be incorporated into and made a part of this Agreement.
3. Recipient must register with SCEIS as a vendor and provide vendor information on the request for payment.
4. In accordance with proviso 118.19 (D), recipient shall provide documentation of verification that the recipient's organization is registered as a business, nonprofit, or charitable organization with the South Carolina Secretary of State's office. This requirement does not apply to governmental entities created by statute.
4. Payment is contingent on DHEC receipt of Funds.
5. Upon receipt and review and approval of the Planned Expenditure Summary, Funds Budget, financial statements, and applicable registration verification, DHEC will transmit the Funds to Recipient by check delivered to:

Entity Name: **The Hive Community Circle**
 Contact: **Ashley Thomas**
 Address: **4704 Colonial Dr.**
 City: **Columbia** State: **SC** Zip: **29203**
 Phone: **(803) 888-7725** Fax: _____
 Email: **ashleyolayinka@thehivecc.org**

6. Source of Funds: State funds made available in the **FY2024** Appropriations Act Proviso 118.19 as a nonrecurring distribution per legislative direction, effective July 1, 2023. DHEC's Point of Contact for financial information regarding payments made under this Agreement:

Meredith Murphy
Budgets and Financial Planning
SCDHEC
2600 Bull Street
Columbia, South Carolina, 29201

E. REPORTING REQUIREMENTS: AUDITS:

1. By **June 30th, 2024**, Recipient shall submit to DHEC a report containing a detailed accounting of its use of the Funds, the services completed, and the outcome measures used to determine the success of the stated goals in sufficient detail for DHEC to determine Recipients compliance with the Scope of Services set forth in Paragraph B above. See Exhibit II (Quarterly Expenditure Report) an expected completion date by which it anticipates all funds will be spend. Recipient shall also submit a final report with this information. If the Project is not completed or the Funds have not been spent by **June 30, 2024**, Recipient shall include in its report an explanation why the Funds have not been spent or the Project is not complete and an expected completion date by which it anticipates all funds will have been spent. Recipient shall also submit a final report with this information within 90 days after project completion or exhaustion of Funds.
2. Recipient shall submit to DHEC by **June 30, 2024**, 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 (using attached templates (s)).
3. Recipient will allow the State Auditor to audit or cause to be audited the Funds.

F. PREVENTING AND REPORTING FRAUD, WASTE AND ABUSE:

1. DHEC has procedures and policies concerning the prevention and reporting of fraud, waste, and abuse (FWA) in agency-funded programs, including but not limited to those funded by federal grants such as Medicaid. No agency employee, agent, or Recipient shall direct, participate in, approve, or tolerate any violation of federal or State laws regarding FWA in government programs.

2. Federal law prohibits any person or company from knowingly submitting false or fraudulent claims or statements to a federally funded program, including false claims for payment or conspiracy to get such a claim approved or paid. The False Claims Act, 31 U.S.C. §3729-3733, and other “whistleblower” statutes include remedies for employees who are retaliated against in their employment for reporting violations of the Act or for reporting fraud, waste, abuse, or violations of law in connection with federal contracts or grants, or danger to public health or safety. Under State law, persons may be criminally prosecuted for false claims made for health care benefits, for Medicaid fraud, for insurance fraud, or for using a computer in a fraud scheme or to obtain money or services by false representations.

3. If Recipient or Recipients agents or employees have reason to suspect FWA in DHEC programs, this information should be reported in confidence to DHEC. A report may be made by writing to the Office of Internal Audits, DHEC, 2600 Bull Street, Columbia, SC 29201; or by calling the DHEC Fraud, Waste and Abuse Hotline at 803-896-0650 or toll-free at 1-866-206-5202. Recipient is required to inform Recipients employees of the existence of DHECs policy prohibiting FWA and the procedures for reporting FWA to the agency. Recipient must also inform recipients employees, in writing, of their rights and remedies under 41 U.S.C. §4712 concerning reporting FWA or violations of law in connection with federal contracts or grants, or danger to public health or safety, in the predominant native language of the workforce.

G. USE OF FUNDS:

Recipient will not use, expend, or allow use or expenditure of the Funds for any purpose not authorized in and consistent with this Agreement. Unexpended funds distributed pursuant to this Agreement may be carried forward to succeeding fiscal years and expended for the same purposes. Recipient shall continue the reporting and monitoring required under this Agreement until all Funds are spent.

H. RETURN OF FUNDS:

The State of South Carolina reserves the right to all remedies available to it under law for the enforcement of this Agreement including but not limited to the right to demand repayment of any Funds that remain unused at completion of the project or that were used for purposes not authorized in this Agreement.

I. NON-DISCRIMINATION:

Recipient represents and agrees that it does not and will not practice discrimination, or use the Funds for purposes which discriminate, against persons by virtue of race, religion, color, sex, age, national origin, disability, veteran status, pregnancy, gender identity, sexual orientation, or any other basis prohibited by law.

J. RECORDKEEPING:

Recipient shall create and maintain adequate records to document all matters covered by this Agreement. Recipient shall retain all such records for six (6) years or other longer period required by law after termination, cancellation, or expiration of the Agreement or after final expenditure of Funds, whichever is later, and make records available for inspection, copying, and audit by DHEC or other authorized agent of the State. If any litigation, claim, or audit has begun but is not completed or if audit findings have not been resolved at the end of the retention period, the records shall be retained until all litigation, claims, or audit findings involving the Funds have been resolved.

K. REVISIONS OF LAW:

The provisions of the Agreement are subject to revision of state statutes and regulations.

L. PUBLIC INFORMATION:

All information relating to distribution and use of the Funds, including all reports and documentation submitted to DHEC under this Agreement, is subject to public disclosure under the South Carolina Freedom of Information Act and may be published on DHECs internet web site.

AS TO SCDHEC:

AS TO CONTRACTOR:

BY: **Cornish, Jessica E.**
10/23/2023, 5:13:38 PM

Email: Appropriations@dhec.sc.gov

Date: 10/23/2023

BY: **Miller, Francine**
10/24/2023, 2:49:15 PM

SCDHEC Division of Contracts

Date: 9/26/2023

The Hive Community Circle

BY: Ashley Thomas
Signature Authority

I verify I am authorized to execute this contract

Ashley Thomas
9/26/2023, 11:09:19 AM

Authorized Signature

CEO
Title

Date: 9/22/2023

Vendor Registration ID: 7000269886

TaxID / Employer ID: 47-0992295

MAILING ADDRESS:

SC DHEC Office of Budgets and
Financial Planning
2600 Bull Street
Columbia, SC 29201
Phone: (803) 898-4222
Fax: (803) 253-7637

Contact: Ashley Thomas

Address: 4704 Colonial Dr.

City: Columbia State: SC Zip: 29203

Phone: (803) 888-7725 Fax: _____

Email: ashleyolayinka@thehivecc.org



State of South Carolina Request for Contribution Distribution

9/26/2023

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	SC Department of Health and Environmental Control	Peer Support Services

Plan/Accounting of how these funds will be spent:

Description (Limit text to field size.)	Budget	Explanation (Limit text to field size.)
Emergency and Economic Relief	\$100,000.00	Budget Attachment for Extended Explanation
Outreach and Prevention Services	\$75,000.00	Budget Attachment for Extended Explanation
Survivor Support Services	\$170,000.00	Budget Attachment for Extended Explanation
Salary: Peer Support Services Manager	\$125,000.00	Program Staff Cost
Professional Development	\$30,000.00	Budget Attachment for Extended Explanation

Grand Total **\$500,000.00**

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

The approved request was made to support the core programs and services of The Hive. Emergency and Economic Relief support is provided to victims and survivors of sexual assault, intimate partner violence, and stalking in SC in need of financial assistance. [Please see the attached for extended explanation.]



9/26/2023

To whom it may concern:

DHEC has multiple Proviso 118.19 distributions that are due to the various entities. Every year, entities receive funds from the Legislature through proviso 118.19. These funds are required for specific projects.

Per Proviso 118.19(D) DHEC must release these funds within ten business days upon receipt and verification of all requirements under Proviso 118.19.

The Hive Community Circle

has submitted all required documentation for their appropriated project,

Peer Support Services

We respectfully ask that you process these as z-special so that we can release payment as required to this vendor immediately after the processed distribution invoices are audited and approved by State CGO.

If you need additional detail or have any questions or concerns regarding these invoices, please do not hesitate to reach out to Vasa Cate at catevw@dhec.sc.gov.

Sincerely,

Are you signing for the CFO?

Cornish, Jessica E.
10/23/2023, 5:13:59 PM

Darbi C MacPhail, MHA
Chief Finance and Operations Officer
SC Department of Health and Environmental Control

Select One



State of South Carolina Request for Contribution Distribution

This form is designed to provide the information required by South Carolina in accordance with Proviso 117.21 of the appropriations act of 2023 and Executive Order 2022-19 for the DHEC Leadership Review and Approval Process. The information shall be reviewed and approved by Agency Leadership within three (3) business days. This information must be reviewed and approved in order to release appropriated funds timely (Proviso 118.19(D)).

Organization Information

Entity Name	Project/Event Name	Amount/Appropriation Line Item
The Hive Community Circle	Peer Support Services	\$500,000.00
	J0402AC6B2 J040X0164 10050024	Not Relevant

Contribution Information

Purpose	Peer Support Services
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Please explain how these funds will be used to provide a public benefit:

The approved request was made to support the core programs and services of The Hive. Emergency and Economic Relief support is provided to victims and survivors of sexual assault, intimate partner violence, and stalking in SC in need of financial assistance. This program has been in partnership with SC Victim Assistance Network (SCVAN), and may include not limited to requests such as extended hotel accommodations, utility support, transitional housing, relocation, and more; \$100,000 is being requested for The Hive Economic and Emergency Relief Programming. Since our inception, 470 survivors have received Survivor Support Services and in the last year over 1,100 community members have been served via our Outreach and Prevention Services. The Hive is requesting \$75,000 for our outreach which consists of our Annual SC Survivors Summit, The Bee Box a socio-emotional toolkit for survivors who disclose in public spaces (distributed among hospitals, police stations, schools, churches, and other community-based locations), monthly trainings, and tabling in the community. The Hive Prevention programming includes a teen and parent prevention program, The Buzz Pak. The Buzz Pak is a 5-week curriculum that fosters healthy relationships, autonomy, and healthy parent-teen relationships. Within our prevention programming, The Hive also provides day training to organizations, healthcare professionals, and advocates on sexual assault, intimate partner violence, stalking, and providing culturally specific services. Survivor Support Services at The Hive consists of crisis counseling, peer victim advocacy, wrap-around case management services, and psychoeducational peer support groups for adult women and teen girls; The Hive is requesting \$170,000 to assist in the full implementation of these services which would include program staff cost such as a full-time Peer Support Services Manager, and a legal and bi-lingual advocate to carry out our direct services. The percentage of the program salary allocated is \$125,000 (25% of the total request). To support the capacity, leadership, and sustainability of The Hive, we are requesting \$30,000 to be used for professional development training for staff as well as organizational development support.

While the \$500,000 being requested will assist in covering a substantial portion of our programs, The Hive has worked diligently to attain the additional funds needed to secure our operating budget for the above-mentioned programs and services.

Plan/Accounting of how these funds will be spent:

Explanation	Budget	Description
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<p>This program has been in partnership with SC Victim Assistance Network (SCVAN), and may include not limited to requests such as extended hotel accommodations, utility support, transitional housing, relocation.</p>	<p>\$100,000.00</p>	<p>Emergency and Economic Relief</p>
<p>The Bee Box is a socio-emotional toolkit for survivors who disclose in public spaces (distributed among hospitals, police stations, schools, churches, and other community-based locations), monthly trainings, and tabling in the community along with our bi-lingual podcast, Somos Melanted Voices. The Hive Prevention programming includes a teen and parent prevention program, The Buzz Pak. The Buzz Pak is a 5-week curriculum that fosters healthy relationships, autonomy, and healthy parent-teen relationships. Within our prevention programming, The Hive also provides day training to organizations, healthcare professionals, and advocates on sexual assault, intimate partner violence, stalking, and providing culturally specific services.</p>	<p>\$75,000.00</p>	<p>Outreach and Prevention Services</p>
<p>Full implementation of crisis counseling, peer victim advocacy, wrap-around case management services, and psychoeducational peer support groups for adult women and teen girls.</p>	<p>\$170,000.00</p>	<p>Survivor Support Services</p>
<p>Program Staff Cost</p>	<p>\$125,000.00</p>	<p>Salary: Peer Support Services Manager</p>
<p>Training for staff as well as organizational development support.</p>	<p>\$30,000.00</p>	<p>Professional Development</p>
Grand Total	\$500,000.00	



Agency Head Signature

10/23/2024

Date

Dr. Edward Simmer

Printed Name