OMB Number: 4040-0010 Expiration Date: 12/31/2026

Project/Performance Site Location(s)

Project/Per	formance S	Site Primary Location	I am submi tribal gover	tting an a nment, a	pplication as an i cademia, or othe	ndividual, and not r type of organizat	t on behalf of a compa tion.	any, state, local o	١
Organization Name: South Carolina		Department	of H	ealth and	Human Ser	vices			
UEI:		V1KXFRCQMGL5							
* Street1:	1801 M	lain St							
Street2:	Jefferson Square								
* City:	Columb	pia		County:					
* State:	SC: South Carolina								
Province:									
*Country: USA: UNITED STATES									
* ZIP / Posta	al Code:	29201-0000			* Project/ Pe	rformance Site Co	ngressional District:	SC-ALL	
Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.									
Organization Name:			tribai gover	nment, a	cademia, or othe	r type oi organiza	uon.	7	
UEI:									
* Street1:									
Street2:									
* City:					County:				
* State:							7		
Province:									
*Country: USA: UNITED STATES									
* ZIP / Posta	al Code:				* Project/ Pe	rformance Site Co	□ ngressional District:		
Additional	Location(s)			Add Attachme	nt Delete A	uttachment Vie	ew Attachment	