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 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
$300,000	SCDHHS	See Below

Organization Information	
Entity Name	My Sister's House
Address	PO Box 71171
City/State/Zip	N. Charleston, SC 29415
Website	www.mysistershouse.org
Tax ID#	57-0730861
Entity Type	Nonprofit Organization

Organization Contact Information	
Contact Name	Tosha Connors
Position/Title	CEO
Telephone	843-754-7185
Email	tosha@mysistershouse.com

Plan/Accounting of how these funds will be spent:		
Description	**Budget**	**Explanation**
These funds will provide emergency sheltering services to domestic violence victims in	$300,000.00	Emergency sheltering services include hotels and private units rented by the
Grand Total	**$300,000.00**	

Please explain how these funds will be used to provide a public benefit:
Domestic violence is the leading cause of homelessness for women and families, and South Carolina ranks in the top 10 nationally for women murdered by their intimate partners. Domestic violence is an epidemic in South Carolina. There are thousands of victims/survivors who reach out to us each year seeking assistance for shelter, therapy, legal services and more. We know that housing is a primary barrier for the majority of clients we serve. These funds will be used to provide safe sheltering options for those clients who have had to flee their homes due to domestic violence. Our agency is providing a significant public benefit

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

CEO
Title

Tosha Connors
Printed Name

9/3/24
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.
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.
5) State Agency certifies that it will publish on their website any and all reports, accountings, forms, updates, communications, or other materials required by Proviso 117.21 of the appropriations act.
6) State Agency will certify to the Office of the Governor that it has complied with the requirements of Executive Order 2022-19 by June 30, 2025.

Agency Head Signature

9/3/2024
Date

Jenny Stirling for Dir. Kerr
Printed Name