

CONTRACT #: EMK335



**GRANT AGREEMENT**

**BETWEEN**

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

**AND**

City of North Charleston

**(The Recipient)**

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

**City of North Charleston (Contractor)**

This Agreement is entered into between the South Carolina Department of Health and Environmental Control (DHEC) and **(the Recipient)** a State/Local Gvt existing under the laws of South Carolina, is to provide for the distribution of funds \$4,500,000.00 **(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

**Roper Hospital Relocation - Environmental Cleanup** (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 \$ **\$4,500,000.00** 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: **City of North Charleston**

Contact: **Shannon B Praete**

Address: **PO Box 190016**

City: **North Charleston** State: **SC** Zip: **29419-9016**

Phone: **(843) 740-2588** Fax: **(843) 308-0133**

Email: **spraete@northcharleston.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 spent. 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.*  
12/11/2023 1:44:17 PM

Email: Appropriations@dhec.sc.gov

Date: 12/11/2023

BY:

*Miller, Francine*  
12/21/2023 9:53:15 AM

**SCDHEC Division of Contracts**

Date: 12/11/2023

**City of North Charleston**

BY: Shannon B Praete  
**Signature Authority**

I verify I am authorized to execute this contract

*Shannon B Praete*  
12/11/2023 9:05:09 AM

**Authorized Signature**

Office of the Mayor  
**Title**

Date: 12/11/2023

**Vendor Registration ID:** 7000026218

**MAILING ADDRESS:**

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

**TaxID / Employer ID:** 570545285

Contact: Shannon B Praete

Address: PO Box 190016

City: North Charleston State: SC Zip: 29419-9016

Phone: (843) 740-2588 Fax: (843) 308-0133

Email: spraete@northcharleston.org



# State of South Carolina Request for Contribution Distribution

11/7/2023

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
\$4,500,000.00	SC Department of Health and Environmental Control	Roper Hospital Relocation

**Plan/Accounting of how these funds will be spent:**

Description (Limit text to field size.)	Budget	Explanation (Limit text to field size.)
Roper Hospital Relocation - Capital costs to includes	\$4,500,000.00	Part of overll relocation costs for Roper Hospital from dow

Grand Total \$4,500,000.00

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

Roper Hospital is moving from downtown Charleston to North Charleston (basically at intersection of 26/526). The campus will occupy 27-acres near Interstates 26 and 526 and be easily accessible for patients living in Berkeley, Charleston or Dorchester counties. The \$1 billion project will be one of the largest, most advanced healthcare construction projects on the East Coast and will meet the healthcare needs of one of the fastest



12/11/2023

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.

(Recipient) **City of North Charleston**  
has submitted all required documentation for their appropriated project,

(Appropriation) **Roper Hospital Relocation - Environmental Cleanup**

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](mailto:catevw@dhec.sc.gov).

Sincerely,

Are you signing for the CFO?

<p><i>Cornish, Jessica E.</i> 12/11/2023 1:45:14 PM</p>
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Darbi C MacPhail, MHA  
Chief Finance and Operations Officer  
SC Department of Health and Environmental Control

<p>EMK335_ZSpecial LTR 12.11.23 EMK335_FY24 Budget Explanation_ Sim EMK335_FY24 Budget Explanation Numeric Line Item EMK335</p>
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S.C. Department of Health and Environmental Control

2600 Bull Street, Columbia, SC 29201 (803) 898-3432 [www.scdhec.gov](http://www.scdhec.gov)



### 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
City of North Charleston	Roper Hospital Relocation	\$4,500,000.00
	J0404AD103 J040X0152	10050024 Not Relevant

#### Contribution Information

Purpose	Roper Hospital Relocation
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#### Please explain how these funds will be used to provide a public benefit:

Roper Hospital is moving from downtown Charleston to North Charleston (basically at intersection of 26/526). The campus will occupy 27-acres near Interstates 26 and 526 and be easily accessible for patients living in Berkeley, Charleston or Dorchester counties. The \$1 billion project will be one of the largest, most advanced healthcare construction projects on the East Coast and will meet the healthcare needs of one of the fastest growing areas in the country. The new Roper Hospital Medical Campus is expected to include a full-service acute care hospital with a 24-hour Emergency Room. The campus also will have a Medical Office Building where a vast array of outpatient and specialty care will be provided. Roper St. Francis Healthcare has secured six premium real estate parcels off Mall Drive near North Charleston City Hall to build the campus. Funds will be used to assist with costs associated with this to include infrastructure costs. The funds will be passed through the City of North Charleston, directly to Roper Hospital.

#### Plan/Accounting of how these funds will be spent:

Explanation	Budget	Description
Part of overll relocation costs for Roper Hospital from downtown Charleston to North Charleston	\$4,500,000.00	Roper Hospital Relocation - Capital costs to includes infrastructure, planning and design
<b>Grand Total</b>	<b>\$4,500,000.00</b>	

  
 \_\_\_\_\_  
 Agency Head Signature

12/11/2023  
 \_\_\_\_\_  
 Date

Dr. Edward Simmer  
 \_\_\_\_\_  
 Printed Name