

Supplier:
 Company
 SCSRC
 247 LARKSPUR ROAD
 COLUMBIA SC 29212
 USA

Shopping cart	
Number :	2002060748
Name :	CY-21-004
Date :	12/03/2020

Goods recipient:
 ANNDREA THOMAS
 EC01 - Contr
 JO40 - COLU-CONTRACTS
 2600 Bull Street
 COLUMBIA SC 29201-1708

Delivery point:
 SCEIS Root
 The State of South Carolina
 DHEC - BBM Contracts
 301 Gervais Street
 COLUMBIA SC 29201-3041

Item	Product number	Description	Subm. deadline/ext. bid	Supplier product no.
Delivery date/ Performance period	Order quantity	Unit	Price per unit	Net value
1		CY-21-004 South Carolina Society		
04/29/2021	30,000.00	EA	1.00 USD/1 EA	30,000.00 USD
Total value:				30,000.00 USD
Tax amount:				0.00 USD
Total value (gross):				30,000.00 USD

for item 1

Account assignment

Quantity	Assigned to	G/L account	Business area
30,000.00	Cost Center J0402AC6C0	5021330000	J040
Location	Requester:		
Company	ANNDREA THOMAS		
SC Dpt of Health & Environmental Control	EC01 - Contr		
2600 Bull St.	JO40 - COLU-CONTRACTS		
COLUMBIA SC 29201-1708	2600 Bull Street		
USA	COLUMBIA SC 29201-1708		
	USA		

South Carolina State Procurement

SCSFC (SC Vendor Number 700287423)

Company **Contact** **Emergency** **Commodities** **Contracts** **Related**

Company Identification...

Vendor Number: 700287423

Name: SCSFC

Minority Status:

Company Phone: (803) 822-3436

Company Fax: (803) 822-3295

Company Address...

Outside of U.S.? No

Street Address: 247 LARKSPUR ROAD

City: COLUMBIA

State: South Carolina

Zip Code: 29212

PO Box:

PO Box Zip:

DHEC
Program Area Contract/Grant Agreement Approval Sheet

Date: October 14, 2020

Grant Agreement with South Carolina Society for Respiratory Care (SCSRC)
(Name)

Sign and return this cover sheet to **Rosalind R. Davis**, Public Health Contracts, Bureau of Business Management, to indicate your approval of the draft Grant Agreement.

APPROVED by Program Contact:

Katy L. Wynne / October 14, 2020
(Signature) (Date)

Katy L. Wynne, SC Tobacco Quitline Manager/Cessation Coordinator, 803-898-2285
(Typed or Printed Name, Title, Phone #)

*Signature indicates approval of this grant agreement and confirms my understanding that I am responsible for the **monitoring** of this grantee's compliance with this grant agreement. I will be responsible for the receipt, retention, and review of the required compliance reports and other documentation required by the Agency's Monitoring Program. I understand that all grant agreement related documentation must be retained for 6 years after the end date of the grant agreement period, unless the funding source requires a longer retention period.*

Funding Source: CFDA No. 93.387 – National and State Tobacco Control Program, SC DHEC Tobacco Use Prevention and Control Program for National and State-based Tobacco Control Programs
(Federal CFDA #, if known, fund or program name, grant title, etc.)

Submit invoice to: (check one)

Public Health Contracts/BBM

Program area (complete the following):

Program Name: SC DHEC Division of Tobacco Prevention and Control

Contract Person: Dr. Katy L. Wynne

Complete mailing address: wynnekl@dhec.sc.gov (electronic invoice submission required)

Note: If the program area receives the invoices, approval can be given and the invoice forwarded to Public Health Contracts/BBM for a more efficient approval/payment process. If receiving invoices by e-mail, the program can create an e-mail group for receipt of invoices from the contractor(s), with more than one program person in the group, to ensure more timely receipt and processing of invoices.

Revised June 2016

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. South Carolina Society for Respiratory Care	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input checked="" type="checkbox"/> Other (see instructions) ▶ Nonprofit corporation exempt under IRS Code Section 501(c)(6)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 247 Larkspur Road	Requester's name and address (optional)
6 City, state, and ZIP code Columbia, SC 29212	
7 List account number(s) here (optional)	

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> </tr> </table>												
or												
Employer identification number												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px; border: 1px solid black; text-align: center;">2</td> <td style="width: 25px; height: 20px; border: 1px solid black; text-align: center;">3</td> <td style="width: 25px; height: 20px; border: 1px solid black; text-align: center;">-</td> <td style="width: 25px; height: 20px; border: 1px solid black; text-align: center;">7</td> <td style="width: 25px; height: 20px; border: 1px solid black; text-align: center;">0</td> <td style="width: 25px; height: 20px; border: 1px solid black; text-align: center;">9</td> <td style="width: 25px; height: 20px; border: 1px solid black; text-align: center;">2</td> <td style="width: 25px; height: 20px; border: 1px solid black; text-align: center;">1</td> <td style="width: 25px; height: 20px; border: 1px solid black; text-align: center;">1</td> <td style="width: 25px; height: 20px; border: 1px solid black; text-align: center;">4</td> </tr> </table>	2	3	-	7	0	9	2	1	1	4		
2	3	-	7	0	9	2	1	1	4			

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Judy L. Cook</i>	Date ▶ <i>01/1/2020</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



REQUEST FOR SOLE SOURCE PROCUREMENT

Section 11-35-1560 of the South Carolina Consolidated Procurement Code provides a procurement method whereby items exceeding \$2500 (Single item or aggregate purchase) that are available from one single source may be obtained without competition regardless of price.

Please see the reverse side of this form to review Section 11-35-1560 of the S.C. Procurement Code and Regulation 19-445-2105 of the Budget and Control Board Procurement Regulations in its entirety.

Please complete the following information and provide supporting documentation as necessary.

1. Enter description of goods or services to be procured. *Partnership support for tobacco cessation and nicotine dependence intervention training and education for licensed SC Respiratory Care Practitioners.*
2. Enter name of sole source contractor and address. *South Carolina Society for Respiratory Care (SCSRC), Attn: Tracy L. Cook, SCSRC Treasurer, 247 Larkspur Road, Columbia, SC 29212.*
3. Enter the estimated dollar amount of the procurement. *\$30,000*
4. Provide the basis for requesting the sole source procurement. *The scope of practice of Respiratory Care Practitioners is defined in the South Carolina Respiratory Care Practice Act (§ 40-47-500, et seq.); as such, Respiratory Care is a specialized, highly regulated subset of health care services. SCSRC is the only professional organization in South Carolina that is recognized by the SC Office of the Secretary of State as a registered charitable organization whose goals and purpose are to support and educate the state's 2,600 licensed Respiratory Care Practitioners. SCSRC is a charter affiliate of the American Association for Respiratory Care and, as such, is the only professional organization that is authorized to approve Continuing Respiratory Care Education (CRCE) credits for training provided to licensed Respiratory Care Practitioners in South Carolina.*
5. If procuring a service, what period of time do you expect to use this service? *09/2020 to 04/2021 (Year 1); to continue up to three (3) years through 04/2023.*
6. If procuring a good (i.e., equipment), when do you plan to purchase another? *N/A*
7. Do you anticipate renewing this contract? *Yes, for up to 3 years*
8. Has this good or service been previously procured as a sole source? *No*
If so, please provide the purchase order number. *N/A*
9. Have price quotes been obtained from other sources? *N/A*

Please answer the following questions.

- Yes No A) Is the good or service required for the purpose of compatibility with a single supplier?
 Yes No B) Is the good or service unique and only available from a single source?
 Yes No C) Is the good or service being used for trial or testing?

If you answered "Yes" to any of the above questions, please attach an explanation and/or supporting documentation. See page 3.

Please see attached documentation (page 2).

Authorized Signatures:

Name: <u>Sharon R. Biggers</u>	Date: <u>09/15/2020</u>
Print: <u>Sharon R. Biggers, MPH, CHES</u>	Title: <u>Director, Division of Tobacco Prevention and Control</u>
Name:	Date:
Print:	Title:
Name:	Date:
Print:	Title:

*Only one signature is required. Additional signature blocks are provided for program area use only. Your signature authorizes approval for the procurement of the goods or services, but does not certify the method of procurement.

Reserved for Procurement Services Use Only: Alternatives to Sole Source

- Recommend Intent to Sole Source Solicit Competitive Bids

South Carolina Society for Respiratory Care (SCSRC)

Explanation and/or supporting documentation that the good or service is unique and only available from a single source.

The purpose of this procurement is to establish a collaborative partnership between the South Carolina Society for Respiratory Care (SCSRC) and the SC DHEC Division of Tobacco Prevention and Control to promote and advance tobacco cessation/nicotine dependence intervention practice in respiratory care treatment and rehabilitation settings across South Carolina. Short-term and long-term outcomes are to promote quitting among tobacco users with co-occurring respiratory health conditions and to reduce the medical and economic burden of tobacco use and nicotine dependency across the state. Project deliverables are to support the development and implementation of tobacco cessation/nicotine dependence intervention training on smoking and vaping in an educational format that provides Continuing Respiratory Care Education (CRCE) credits for licensed SC Respiratory Care Practitioners.

SCSRC is the only professional organization in South Carolina that is recognized by the SC Office of the Secretary of State as a registered charitable organization whose goals and purpose are to support and educate the state's 2,600 licensed Respiratory Care Practitioners. SCSRC is a charter affiliate of the American Association for Respiratory Care and, as such, is the only professional organization that is authorized to sponsor training opportunities and approve Continuing Respiratory Care Education (CRCE) credits for training provided to licensed Respiratory Care Practitioners in South Carolina. SCSRC is a South Carolina-registered 501(c)6 non-profit organization that provides educational support to Respiratory Care Practitioners through a volunteer board, four statewide chapters, and volunteer committees.

Objectives related to training opportunities on tobacco use and nicotine dependence for Respiratory Care Practitioners have been approved by the CDC Office on Smoking and Health in the Division of Tobacco Prevention and Control's Five-Year Cooperative Agreement for the time period from June 29, 2020 to April 28, 2025. The Division of Tobacco Prevention and Control cannot carry out the expected work without the involvement of SCSRC.

PH Contract Budget Funding Sheet

Date: December 18, 2020

To: George Fogle From: Rosalind Davis

Contract with: SC Society for Respiratory Care (SCSRC)

Program Area Contact: Katy Wynne

Contract total maximum: \$90,000.00 (Total)

Contract Starts: When all signatures have been obtained Contract Ends: 04/28/2023

Subrecipient (517xxx) or Vendor/Non-Sub. (502xxx): ** This has been deemed a Vendor; however, it will be using federal funds.

** Per Tammy McAbee on 10/05/2020 via telephone...5021330000

FFATA: _____

Funded last year with: N/A (This is a new contract.)

FUNDING INFORMATION - For completion by HSO Budget Staff

Fund:

Cost Center _____ J0402AC6C0 _____
Functional Area/Activity _____ J040_0029 _____
Fund _____ 50550000 _____
GL Account _____ 5021330000 (Per TM) _____
Grant _____ J0401F070D11 _____
CFDA No. _____
Fund Expires _____ 4/29/2021 _____

Fund:

Cost Center _____
Functional Area/Activity _____
Fund _____
GL Account _____
Grant _____
CFDA No. _____
Fund Expires _____

Fund:

Cost Center _____
Functional Area/Activity _____
Fund _____
GL Account _____
Grant _____
CFDA No. _____
Fund Expires _____

Fund:

Cost Center _____
Functional Area/Activity _____
Fund _____
GL Account _____
Grant _____
CFDA No. _____
Fund Expires _____

Special Instructions: (list any other specifics Contract Staff needs to know about these funds)

Budget Staff Initials: GDFJR Date: 10/02/2020

NOTES: _____

PH/Contract Section/2013

Contract Budget Funding Sheet