



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
\$5,000,000.00	J160 - Department of Disabilities and Special Needs	Unumb Center Disabled Residential & Occupational Center

Organization Information

Entity Name	The Unumb Center for Neurodevelopment
Address	1505 Blanding Street
City/State/Zip	Columbia, SC 29201
Website	www.unumbcenter.org
Tax ID#	27-3190242
Entity Type	Nonprofit Organization

Organization Contact Information

Contact Name	Lorri Shealy Unumb
Position/Title	Founder
Telephone	803-687-6964
Email	lunumb@casproviders.org

Plan/Accounting of how these funds will be spent:

Description	Budget	Explanation
Construction of campus for adults with autism & other special needs	\$5,000,000.00	The total construction budget is \$15,000,000. This \$5,000,000 plus the \$5,000,000
Grand Total	\$5,000,000.00	

Please explain how these funds will be used to provide a public benefit.

The public has a strong interest in providing adequate care and housing for individuals with special needs. There is broad support for action by the state to support these efforts. Even proponents of the most limited forms of government rightfully agree that an appropriate function of government is to care for those who are, through no fault of their own, unable to care for themselves.

The need is great. The prevalence of autism in particular has skyrocketed in recent years. Thus, even to the extent that adequate housing and vocational opportunities for adults with autism ever existed in South Carolina, they are woefully inadequate now. South Carolina will soon reach a crisis point and the time to act is now.

Today in South Carolina, in order for a person with a developmental disability to access current Medicaid-funded housing of any kind, he or she typically has to demonstrate a "critical need," such as the death of a parent or a serious illness. However, even demonstrating critical need does not itself result in access to housing; it just gets one placed on a waiting list. The last time we inquired of DDSM, there were more than 75 people on a multi-year waiting list. The housing at this campus would help reduce that waiting list and will serve some of the most difficult-to-place individuals with special needs.

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.

Last updated: August 2022



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Table with 4 columns: Amount, State Agency Providing the Contribution, Contribution Information, Purpose. Row 1: \$5,000,000.00, DSHS - Department of Disabilities and Special Needs, Uroomb Center - Disabled Residential & Occupational Center, Uroomb Center - Disabled Residential & Occupational Center

Organization Information table with fields: Entry Name, Address, City/State/Zip, Website, Tax ID#, Entity Type.

Organization Contact Information table with fields: Contact Name, Position/Title, Telephone, Email.

Table with 3 columns: Distribution, Budget, Explanation. Row 1: Construction of campus for adults with autism & other special needs, \$5,000,000.00, The total construction budget is \$15,000,000. This \$5,000,000 plus the \$5,000,000 that was allocated last year will allow partial completion of the overall campus.

Please explain how these funds will be used to provide a public benefit. The public has a strong interest in providing adequate care and housing for individuals with special needs. There is broad support for action by the state to support these efforts. Even proponents of the most limited forms of government rightly agree that an appropriate function of government is to care for those who are, through no fault of their own, unable to care for themselves. The need is great. The prevalence of autism in particular has skyrocketed in recent years. The, even to the extent that adequate housing and vocational opportunities for adults with autism ever existed in South Carolina, they are woefully inadequate now. South Carolina will soon reach a crisis point and the time to act is now. They in South Carolina, in order for a person with a developmental disability to access current Medicaid-funded housing of any kind, he or she typically has to demonstrate a "critical need," such as the death of a parent or a serious illness. However, even demonstrating critical need does not result in access to housing; it just gets one placed on a waiting list. The last time we updated DOSH, there were more than 75 people on a multi-year waiting list. The housing at this campus would help reduce that waiting list and will serve some of the most difficult-to-place individuals with special needs.

- 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 benefits 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.
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4) Organization certifies that it will allow the State Auditor to audit or cause to be audited the contributed funds.

Signature of Loret Shealy Uroomb, Founder and Board Chair, dated 10-19-2023.

- 1) State Agency certifies that the planned expenditure aligns with the Agency's mission and/or the program 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, 2024.
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, 2024.

Agency Head Signature and Date fields.

Mail - Busbee, Bruce - Outlook

10/31/23, 11:50 AM

https://outlook.office365.com/mailbox/fd/A0KADgTODQ10WVJlTMSNGUNDUJOC10WRRLWU3Mzaz7DU1u7Mh00A0ADpYv1wENW1s0c



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\$5,000,000.00	1160 - Department of Disabilities and Special Needs	Unumb Center - Disabled Residential & Occupational Center

Organization Information

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Grand Total	\$5,000,000.00	

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Organization Signature

Lorri Shealy Unumb

Printed Name

Founder and Board Chair

Title

10-19-2023

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.
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Agency Head Signature

Date

Printed Name

FOR WAYS AND MEANS INTERNAL RECORDS ONLY

House Member Appropriation Request Form

Member: BALLENTINE Date: 1-25-23

Project/Event Name*: UNUMB CENTER FOR NEURODEVELOPMENT
**Please make sure name is how you would like it listed in the budget*

Requested Amount: \$10M (RECEIVED \$5M OF \$15M LAST YEAR)

Recipient Entity: _____

Is the final recipient a: _____ state agency, _____ local government, _____ non-profit, or _____ other?

If "other," please explain: _____

If a non-profit, is it registered and in good standing with the Secretary of State's Office? Yes or No

If no, please explain: _____

Recipient Entity Contact: _____ Title/Position: _____

Contact Phone Number: _____ Email: _____

Recipient Entity Website: _____

Summary of Intended Use of the Funds: _____

Please attach a requested project cost breakdown and any supporting materials or documents. Are there any materials submitted with this form? Yes or No

Justification of Request/Public Benefit: _____

To be completed by House members only

Primary Member Sponsor – Please Print

Member Sponsor Signature & Date

Additional Sponsors: _____

Amount Recommended by House Member: _____



The Unumb Center
FOR NEURODEVELOPMENT

Name of organization

The Unumb Center for Neurodevelopment

Are you state non-profit or other entity? If other, explain

Nonprofit (with 501(c)(3) status)

If nonprofit re you registered and in good standing with Secretary of State's Office? If no, please explain.

Yes

Contact name and title/position

Lorri Shealy Unumb, Board Chair

Contact phone number and email

803-687-6964

Lorri.unumb@gmail.com

Website

www.unumbcenter.org

Summary of intended use of funds

This funding is requested to support the construction of a campus for adults with autism and other special needs, in order to provide comprehensive and integrated residential, vocational, and recreational facilities in one location. Such a campus will allow vulnerable individuals with special needs, particularly those without independent access to transportation, the ability to live safely and productively in a meaningful community that will serve as a model for others. We have been studying similar communities in other parts of the country for a decade and have been working with our partners on the concept and design for this South Carolina community for five+ years.

The campus includes eight homes that house four adults each, as

well as a vocational building that includes training equipment and work opportunities. A copy of our architect's sketch is attached for your convenience.

If there is a project cost breakdown and any supporting documents, please send to me.

Construction cost for the buildings on this campus is \$15 million. Additional costs include property, landscaping, and equipment/furnishings. An 18-acre tract of land in Lexington has been committed to the project, and we anticipate an in-kind donation for landscaping. With the award of requested funds and commencement of construction, we anticipate several million dollars of private funding will be utilized to equip and furnish the eleven buildings (8 houses + vocational, recreational & community buildings). We are working collaboratively with numerous community and civic organizations to support this project.

Further, operational support will be available through existing Medicaid waiver funding for the typical resident in the community, thereby further ensuring the sustainability of the project.

Justification of Request/Public Benefit

The public has a strong interest in providing adequate care and housing for individuals with special needs. There is broad support for action by the state to support these efforts. Even proponents of the most limited forms of government rightfully agree that an appropriate function of government is to care for those who are, through no fault of their own, unable to care for themselves.

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“critical need,” such as the death of a parent or a serious illness. However, even demonstrating critical need does not itself result in access to housing; it just gets one placed on the “critical needs *waiting list*.” The last time we inquired of DDSN, there were more than 75 people on a multi-year critical needs waiting list. The housing at this campus would help reduce that waiting list.

RE: [External] Request Payment Terms Change

STO AP Workflow <STO.AP.Workflow@sto.sc.gov>

Wed 11/15/2023 10:06 AM

To: Hill, Deloris <DHill@ddsn.sc.gov>; STO AP Workflow <STO.AP.Workflow@sto.sc.gov>
Cc: Long, Mary <Mary.Long@ddsn.sc.gov>

2 attachments (2 MB)

2023-11-15 (3).pdf, 2023-11-15 (2).pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello,

The proviso payments will be processed as "pay immediately" just make sure the supporting documents that you attached to the email request is attached to each payment document and the terms is changed to "pay immediately" before submitting. This will ensure the payment document workflows to STO to approve.

Thanks.



Valerie Porterfield | Accountant/Fiscal Analyst
Office of State Treasurer
1200 Senate Street, Suite 214
Wade Hampton Office Building
Columbia, SC 29201
803-734-4499 | Valerie.Porterfield@sto.sc.gov

From: Hill, Deloris <DHill@ddsn.sc.gov>

Sent: Wednesday, November 15, 2023 9:46 AM

To: STO AP Workflow <sto.ap.workflow@sto.sc.gov>

Cc: Long, Mary <Mary.Long@ddsn.sc.gov>

Subject: [External] Request Payment Terms Change

Importance: High

Good morning,

Please change the payment terms to pay immediately for two of our vendors. In accordance with Provisio 117.21 and 118.19, vendors are requesting prompt payment. The agency respectfully requests that the payment terms for Camp Cole (7000303333) and The Unumb Center for Neurodevelopment (7000281175) be established in the vendor master as "Pay immediately".
I have attached supporting documentation for your review.

DELORIS HILL, CGFO
ACCOUNTING/FISCAL MANAGER I

 DHill@ddsn.sc.gov



 803-898-9682

 3440 Harden Street Ext, Columbia, SC 29203

 www.ddsn.sc.gov



Confidentiality Notice:

The information contained in this transmission, including attachments may contain privileged and confidential information, including consumer/patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

South Carolina
Secretary of State
(<https://sos.sc.gov/>)
Mark Hammond

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[<< Back to Search Results](#)

The Unumb Center for Neurodevelopment

Public Id: P23213

Lorri S Unumb , CEO

1505 BLANDING ST

COLUMBIA, SC 29201-2906

Status: Exempt. This organization is not required to file annual financial reports. For information about exemptions refer to the **Solicitation of Charitable Funds Act. (<http://www.scstatehouse.gov/code/t33c056.php>)**

Disclaimer: The South Carolina Secretary of State's Charities Search Webpage is provided as a service to customers to research charitable organizations on file with our office, or that have been the subject of an administrative action. Users are advised that the Secretary of State, the State of South Carolina, or any agency, office, or employee of the State of South Carolina do not guarantee the accuracy, reliability, or timeliness of the information provided, as it is the responsibility of the charity to inform the Secretary of State of any updated information. Furthermore, the information provided does not constitute legal advice.

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ZSPC

South Carolina Department of Disabilities & Special Needs
Special Grant Award for Pass-Through State Contributions

Provider Name: The Unumb Center for Neurodevelopment Vendor Number: 7000281175
Grant Name: _____ Funds Reservation #: _____
Grant Number: _____
Grant Period: 7/1/2023 though 6/30/2024 Amount: \$5,000,000.00

Disbursement request in accordance with Proviso 117.21 and 118.19 of the FY2023-24 Appropriation.

Amount: \$5,000,000
General Ledger Code: 5180750000
DDSN Funded Program: 9819.380000x000

Fund Code	Cost Center	Functional Area	G/L Account
10050024	J160Q50010	j160x36ub	5180750000

FINANC
2023 A

PO BOX 7514
29202

145932427
11/15/2023

Payment Approved by: Bruce C. Bell

Date: 11-14-2023

[Signature]
11-14-2023