

# State of South Carolina

## Data Collection Template - State Contributions

### Confidentially:

Consistent with Executive Order No. 2022-19 which became effective July 1, 2022 all information submitted to SCPRT relative to earmarked appropriations in the annual Appropriations Act shall be published on SCPRT.com and available for public review and inspection. By submitting the required documentation and signing the "Legislative/Earmarked Award Agreement" you hereby knowingly waive any right to confidentiality or non-disclosure in any and all materials related thereto.

Click here to read the order: [Executive Order](#)

### Instructions

This Excel workbook is designed to collect the information required by South Carolina Proviso 117.21 uniformly. The information must be emailed to [aberry@scprt.com](mailto:aberry@scprt.com) as soon as possible but no later than November 1, 2022. There are 4 worksheets to be completed:

**Basic Information** - Complete each line to provide information about your organization, your organization contact, the contribution you received from the State and the person completing this report.

**Accounting** - Provide details of how State funds will be spent. Additional information must be provided to categorize expenditures by program or initiative, to provide additional details for categories that exceed 10% of the total appropriation, or to explain unspent funds.

**Success Measures** - Detail the outcome measures used to determine the success of the stated goals.

**Goals** - List the goals accomplished with the State contribution received.

Please also read the instruction on each worksheet. Other than expanding lines or inserting additional lines, do not alter the format of this workbook.

## Questions?

If you have questions about this workbook or the information requested, please contact  
Tonisha James at [tjames@scprt.com](mailto:tjames@scprt.com) or (803) 734-0476.



Basic Information for Your Organization

Your Organization	
Name	County of Bamberg, South Carolina
Address (Street or PO Box)	PO Box 149
Address (City, State, Zip)	Bamberg, SC 29003
SCEIS Vendor Number (Determines remittance)	1005000
Organization website address	<a href="https://www.bambergcountyny.sc.gov">https://www.bambergcountyny.sc.gov</a>
Organization type (nonprofit, local government, etc.)	Local Government Entity

Organization Contact	
Name	Joey Preston
Position	County Administrator
Telephone	803-245-5191
Email	<a href="mailto:administration@bambergcounty.sc.gov">administration@bambergcounty.sc.gov</a>

State Contribution	
Amount	1,000,000.00
Earmark Name	Bamberg County - Hospital Repurposing
Project Summary	Building Improvements to the Bamberg County Hospital
State Agency Providing Contribution	Legislative Grant

Person Completing this Report	
Name	Chip Maier
Position	Assistant to the County Administrator

## Accounting of how the funds will be spent

Provide below an accounting of how the state funds will be spent\*. Total expenditures should equal the total appropriation received. Expenditure descriptions similar to those used in your organization's accounting records should be used to maximize comparability of this budget to your organization's accounting of actual expenditures. For any category exceeding 10% of the total state contribution, provide additional details or subcategories of expenditures.

\* Per Proviso 11-9-110, a contribution must not be made to an organization until it agrees in writing to allow the contribution to be audited by the State Auditor.

Description	Budget
Procurement, design, engineering, construction or improvement or similar type uses to the Bamberg County Hospital	\$ 1,000,000.00
<b>Grand Total</b>	<b>\$ 1,000,000.00</b>

Insert additional lines if needed. Grand total should equal the state funds to be received.

## Success Measures

List the success measures that will determine the effectiveness of the use of the state funds to be received. Success measures should be stated in a way that can be measured. At least one success measure is required, but if there are more success measures than lines provided, copy and paste the last line as needed to expand the list.

Measure	Description
1	Allocation of the project funds to supplement costs associated with improvements to the Bamberg County Hospital's renovations for administrative use.
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

*At least one success measure is required. If additional lines are needed, copy and paste Measure 15.*

## Goals to be accomplished

List the goals to be accomplished with the state funds to be received. Goals should be stated in a way that can be measured. At least one goal is required, but if there are more goals than lines provided, copy and paste the last line as needed to expand the list.

Goal	Description
1	Allocation of the project funds to supplement costs associated with improvements to the Bamberg County Hospital's renovations for administrative use.
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

At least one goal is required. If additional lines are needed, copy and paste Goal 15.





## 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
\$1,000,000.00	P280 - Department of Parks, Recreation, and Tourism	Bamberg County - Hospital Repurposing

Organization Information	
Entity Name	County of Bamberg
Address	1234 North Street
City/State/Zip	Bamberg, SC 29003
Website	<a href="https://bambergcounty.sc.gov">https://bambergcounty.sc.gov</a>
SCEIS Vendor #	1005000
Entity Type	County

Organization Contact Information	
Contact Name	Joey Preston
Position/Title	County Administrator
Telephone	8032455191
Email	<a href="mailto:administration@bambergcounty.sc.gov">administration@bambergcounty.sc.gov</a>

Plan/Accounting of how these funds will be spent:		
Description	Budget	Explanation
Procurement, design, engineering, construction or improvement or similar type uses to the Bam	\$1,000,000.00	Allocation of the project funds to supplement costs associated with improvement
TO THE BAMBERG COUNTY		TO THE BAMBERG COUNTY
COUNTY HOSPITAL		HOSPITAL'S RENOVATION FOR
		ADMINISTRATIVE USE.
Grand Total	\$1,000,000.00	

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

Funds will be used to make improvements to the Bamberg County Memorial Hospital for utilization for state and county office and administrative space.

### 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

Court Administrator  
Title

JOE R. PEESTON  
Printed Name

9/29/2023  
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.
- 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

10/11/2023  
Date

Duane Parrish

Printed Name



SOUTH CAROLINA DEPARTMENT OF PARKS, RECREATION  
&  
TOURISM

PROCUREMENT CERTIFICATION FORM


GRANTEE NAME: COUNTY OF BAMBERA

PROJECT NAME: BAMBERA COUNTY - HOSPITAL REPURPOSING

I hereby certify that all labor, materials and contracts acquired or performed in the accomplishment of the above named project will be accomplished in accordance with the named entity's established procurement guidelines. Any questions, concerns or grievances should be directed to this agency.

JOEY R. PRESTON  
PRINTED NAME

COUNTY ADMINISTRATOR  
TITLE

  
SIGNATURE

9/29/2023  
DATE

**Statement of Non-Discrimination  
By Organizations Funded in the  
South Carolina General Appropriations Act**

To meet requirements of a provision of the South Carolina General Appropriations Act regarding your funding, please fill in the blanks below, sign and return to PRT with your other credentials. If desired, you may retype the statement on your own letterhead.

---

**Statement of Non-Discrimination**

9/29/2023

Date


Assurance is hereby given by the

County of Bamberg

(Name of Organization)

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.

Signature



Title

County Administrator