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

10/16/2023

Date

Assurance is hereby given by the

CITY OF DARLINGTON

(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:

CITY MANAGER, CITY OF DARLINGTON

SOUTH CAROLINA DEPARTMENT OF PARKS, RECREATION & TOURISM

PROCUREMENT CERTIFICATION FORM

GRANTEE NAME: <u>CITY OF DARLINGTON</u>

PROJECT NAME: DARLINGTON AFRICAN AMERICAN MUSEUM

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.

JOHN S. PAYNE PRINTED NAME

CITY MANAGER, CITY OF DARLINGTON

TITLE

SIGNATURE

10/16/2023

DATE



State of South Carolina Request for Contribution Distribution

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 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

X	form to collect information from the designated organization. The information must be collected i	ion. The information must be collected from the designated organization before the funds can be disbursed.
		Contribution Information
Amount	State Agency Providing the Contribution	Purpose
\$300.000.00	\$300,000,00 P280 - Department of Parks, Recreation, and Tourism	RESTORATION AND MAINTENANCE OF THE DARLINGTON AFRICAN AMERICAN MUSEUM

	Organization Information
Entity Name	CITY OF DARLINGTON
Address	PO BOX 57
City/State/Zip	DARLINGTON/SC/29540
Website	CITYOFDARLINGTON.COM
SCEIS Vendor#	7000030126
Entity Type	Municipality

	Organization Contact Information
Contact Name	Contact Name MERRY MORGAN SMITH
Position/Title	Position/Title DIRECTOR, ECONOMIC DEVELOPMENT AND PLANNING
Telephone	843-339-0115
Email	mmsmith@cityofdarlington.com

Plan/Accounting of how these funds will	of how these t	runds will be spent:
Description	Bu	Budget Explanation
Restoration, to include administrative costs	\$150	\$150,000.00 Restoration of Building including administrative costs
Maintenance, to include administrative costs	\$150	\$150,000.00 Maintenance of Building including administrative costs
Gra	Grand Total \$300,000.00	0,000.00

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

and harmonious society for all. diverse society. Additionally, the museum will serve as a space for dialogue and discussion, encouraging conversations about race, equity, and social justice. By addressing these important the struggles and triumphs of African Americans throughout history, the museum will foster empathy, understanding, and appreciation for experiences thus promoting a more inclusive and opportunity for individuals of all backgrounds to learn about the rich history, achievements, and contributions of African Americans of Darlington County and the larger society. By showcasing African American Museum will serve as a beacon of cultural pride, inspiring future generations to embrace African American heritage, celebrate diversity, and work towards a more inclusive topics, the Darlington African American Museum will play a crucial role in promoting awareness, challenging stereotypes, and fostering a more equitable society. Ultimately, the Darlington The Darlington African American Museum will hold immense public benefit as it will serve as a vital platform for education, cultural preservation and social progress. It will provide an

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

ignature	John S. Payne	Organization Signature	1
		ignature	

Printed Name

City Manager Title

10/16/2023 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

11/13/2023

Date

Agency Head Signature

Duane Parrish

Printed Name