

## 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		
\$400,000.00 P280 - Department of Parks, Recreation, and Tourism		SC7 Expedition		

Organization Information				
Entity Name	South Carolina National Heritage Corridor			
Address	PO Box 477			
City/State/Zip	Belton, SC 28627			
Website	scnhc.org			
SCEIS Vendor #	7000164313			
Entity Type	Nonprofit Organization			

Organization Contact Information				
Contact Name	Yuka Greer			
Position/Title	Director of Business Operations			
Telephone	(864) 940-4630			
Email	yuka@scnhc.com			

Plan/Accounting of how these funds will be spent:		
Description	Budget	Explanation
Admin & Operations	\$164,258.00	
Contractual Services	\$180,000.00	
Travel	\$55,742.00	
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Grand Total	\$400,000.00	

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

Funds utilized for SC7 will benefit the public in a variety of ways:

- Encouraging outdoor recreation for health and wellness.
- Building public awareness of parks and trails throughout the state.
- Educating the public on resiliency efforts of the state to protect against severe weather events.
- Cleaning rivers for free flow of water.
- Planting a smart reef system along the SC coastline which will provide real-time data on severe weather events for public information and protection.

## 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	Director of Business Operations Title
Yuka Greer Printed Name	11/1/23 Date
<ol> <li>State Agency certifies that the planned expenditure aligns with the Agency</li> <li>State Agency certifies that the Organization has set forth a public purpose t</li> <li>State Agency certifies that it will make distributions directly to the organiz</li> <li>State Agency certifies that it will provide the quarterly spending reports an Executive Budget Office by June 30, 2024.</li> </ol>	to be served through receipt of the expenditure. zation. nd accounting received from the organization to the Senate Finance Committee, House Ways and Means Committee, and the rts, accountings, forms, updates, communications, or other materials required by Proviso 117.21 of the appropriations act.
Pune Parinh	11/13/2023
Agency Head Signature	Date
Duane Parrish	

Printed Name