Basic Information for Your Organization

Name Town of Saluda Address (Street or PO Box) 100 South Jefferson Street Address (City, State, Zip) Saluda, SC 29138 SCEIS Vendor Number (Determines remittance) 7000030174	Your OrganizationNameTown of SaludaD Box)100 South Jefferson Streete, Zip)Saluda, SC 29138cance)7000030174
Organization type (nonnrofit local government etc.) Municipal Government	ownofsaluda.com

Organiza	Organization Contact
Name	Name Miliken Matthews
Position Mayor	Mayor
Telephone	Telephone 864-445-3522
Email	Email matthews@townofsaluda.com

State Co	State Contribution
Amount	Amount \$1,000,000.00
Earmark Name	rmark Name Saluda Recreation and Wellness Center
Project Summary	Project Summary Renovate/Build a Recreation and Wellness Center
State Agency Providing Contribution	Contribution SC Parks, Recreation & Tourism

Person Completing this Report Name Cherie N. Maffett Position Clerk/Treasurer



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	NAMES OF THE PERSON OF THE PER	Purpose
\$1,000,000.00	P280 - Department of Parks, Recreation, and Tourism	Saluda Recreation & Wellness Center Project	

Organization Information		
Entity Name	Town of Saluda	
Address	100 South Jefferson Street	
City/State/Zip	Saluda, SC 29138	
Website	townofsaluda.com	
SCEIS Vendor#		
Entity Type	Municipality	

Organization Contact Information		
Contact Name	Miliken Matthews	
Position/Title	Mayor	
Telephone	864-445-3522	
Emall	matthews@townofsaluda.com	

ill be spent:
Explanation
Site preparation and grading
Demolition of existing pool and building
0

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

The funds will be used for the professional design, engineering, site work and demolition for the Saluda Recreation and Wellness Center project. The project will include contruction of a 10,850 SF recreational community center on a six-acre site owned by the Town of Saluda. The Town is constracting with the Lakelands Region YMCA to operate and manage the facility and provide Saldua residents with physical recreation programs, out of school activities, and evidence-based health intervention and wellness programs. the site can accommodate additonal recreational facilities in later years, making the center scalable to meet Saluda's needs into the future.

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

Organization Signature

Milikne Matthews

Printed Name

11.28.23

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

Miliken Matthews

Printed Name

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	
Site work	\$	648,813.00
Demolition	\$	68,000.00
Professional Design	\$	283,187.00
Grand Total	\$	1,000,000.00

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	Improve access to after school, health intervention and wellness programs.
2	Over all improved health within Saluda County.
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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	To build a health and wellness center that is sustainable for years to come.
2	To build a health and wellness center utilized by all of Saluda County residence.
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At least one goal is required. If additional lines are needed, copy and paste Goal 15.



100 South Jefferson Street Saluda, SC 29138-1633 Phone 864.445.3522 - Fax 864.445.4928 www.townofsaluda.com

SOUTH CAROLINA DEPARTMENT OF PARKS, RECREATION & TOURISM

PROCUREMENT CERTIFICATION FORM

I hereby certify that all labor, materials and of in the accomplishment of the above named paccordance with the named entity's establish Any questions, concerns or grievances should	roject will be accomplished in ed procurement guidelines.
Miliken Matthews PRINTED NAME	
Mayor TITLE A	
SIGNATURE	
11-28 - 33 DATE	

PROJECT NAME: Saluda Recreation and Wellness Center

GRANTEE NAME: Town of Saluda



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

Statement of Non-Discrimination

11-28-23
Date
Assurance is hereby given by the
Town of Saluda
(Name of Organization)
hat 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
orogram or activity for which this organization is responsible. Signature
Title Mayor