

Basic Information for Your Organization

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)	700030174
Organization website address	townofsaluda.com
Organization type (nonprofit, local government, etc.)	Municipal Government

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

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

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

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.

TOWN OF
SALUDA
SOUTH CAROLINA

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

GRANTEE NAME: Town of Saluda

PROJECT NAME: Saluda Recreation and Wellness Center

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.

Miliken Matthews
PRINTED NAME

Mayor
TITLE

SIGNATURE

11-28-23
DATE

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SOUTH CAROLINA

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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)

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 Mayor