

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 SCFRT relative to earmarked appropriations in the annual Appropriations Act shall be published on SCFRT.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 tjames@scprt.com as soon as possible but no later than December 1, 2023. 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 or (803) 734-0476.

Basic Information for Your Organization

Your Organization	
Name	Town of Jenkinsville
Address (Street or PO Box)	7769 State Hwy 215-South
Address (City, State, Zip)	Jenkinsville, SC 29045
SCEIS Vendor Number (Determines remittance)	
Organization website address	
Organization type (nonprofit, local government, etc.)	Local Government

Organization Contact	
Name	Gregory Ginyard
Position	Mayor
Telephone	803-718-6184
Email	jenkinsville.town@outlook.com

State Contribution	
Amount	\$66,000.00
Earmark Name	Recreation
Project Summary	Outdoor Pavilion
State Agency Providing Contribution	South Carolina Department of Parks, Rec + Tourism

Person Completing this Report	
Name	Ace McCoy
Position	Town Clerk

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
Land clearing	\$13,000.00
Perm. f	400.00
Graveling	\$36,000.00
Handicap ramp	\$ 2,000.00
Leaves log	\$ 7,000.00
Electricity lighting	\$21,000.00
Grand Total	\$60,000.00

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
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1	The Pavilion sits on the
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2	Property at 7769 State
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3	Hwy 215 - South.
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4	Jenkinstville, SC 29065
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5	The Jenkinstville Outdoor
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6	Pavilion will serve as an
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7	mult purpose community
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8	entertainment venue.
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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
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1. To Create a safe handicap accessible

2. facility for the neighbor

3. To provide an outdoor space

4. for entertainment

5.

6.

7.

8.

9.

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11.

12.

13.

14.

15.

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