



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.

Organization Information	
Entity Name	Town of Blackville
Address	5983 L'Artigue Street
City/State/Zip	Blackville, SC 29817
Website	townofblackville.com
SCEIS Vendor #	7000030116
Entity Type	Municipality

Plan/Accounting of how these funds will be spent:		
Description	Budget	Explanation
Increase Economic Vitality		Focus on capital, incentives, and other economic financial tools.
Design		Enhance physical and visual assets in the commercial district.
Promotion		Position the downtown area as the center of the community and hub of economic activity.
Organization		Create a strong foundation for a sustainable effort, including cultivation partnerships, community involvement and resources.
Grand Total	\$500,000.00	

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

The Town of Blackville's leadership is focusing its efforts on redeveloping the Main Street and downtown area. The town will demolish certain properties in and near the downtown area to encourage investment and redevelopment of the downtown area which will create employment opportunities and positive economic results. The Town of Blackville will remove blighted properties to eliminate health and safety hazards, mitigate neighborhood property value decline and position the town to promote and solicit economic development opportunities.

### 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

Town Administrator  
Title

Fonda E. Patrick  
Printed Name

27-Oct-23  
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.

Agency Head Signature

Date

Printed Name

**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**

October 27, 2023

Date

Assurance is hereby given by the

Town of Blackville

(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

Kimberly E. Patrick

Title Town Administrator

**SOUTH CAROLINA DEPARTMENT OF PARKS, RECREATION  
&  
TOURISM**

**PROCUREMENT CERTIFICATION FORM**

GRANTEE NAME: Town of Blackville

PROJECT NAME: New Town Hall

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.

Fonda E. Patrick  
PRINTED NAME

Town Administrator  
TITLE

Fonda E. Patrick  
SIGNATURE

October 27, 2023  
DATE

## Basic Information for Your Organization

Your Organization	
Name	Town of Blackville
Address (Street or PO Box)	5983 L'Artigue Street
Address (City, State, Zip)	Blackville, SC 29817
SCEIS Vendor Number (Determines remittance)	7000030116
Organization website address	townofblackville.com
Organization type (nonprofit, local government, etc.)	Local Government

Organization Contact	
Name	Ronnie Pernell
Position	Mayor
Telephone	803-507-0568
Email	<a href="mailto:mayorpernell@townofblackville.com">mayorpernell@townofblackville.com</a>

State Contribution	
Amount	\$500,000.00
Earmark Name	Town of Blackville - Town Hall Building
Project Summary	New Town Hall - downtown revitalization
State Agency Providing Contribution	S.C. Department of Parks, Recreation and Tourism

Person Completing this Report	
Name	Fonda E. Patrick
Position	Town Administrator