Basic Information for Your Organization

Your Organization	
Name	SARDIS COMMUNITY CENTER
Address (Street or PO Box)	1087 HARVEST RD
Address (City, State, Zip)	SALUDA, SC 29138
SCEIS Vendor Number (Determines remittance)	VN 7000344062
Organization website address	
Organization type (nonprofit, local government, etc.)	NON-PROFIT

Organization Contact	
Name	CAROLYN MINICK
Position	CFO
Telephone	864-993-3307
Email	CMINICK26@YAHOO.COM

State Contribution	
Amount	25000
Earmark Name	SARDIS COMMUNITY CENTER RENOVATIONS
Project Summary	RENOVATE SARDIS COMMUNITY CENTER
State Agency Providing Contribution	SCPRT

Person Completing this Report	
Name	CAROLYN MINICK
Position	CFO

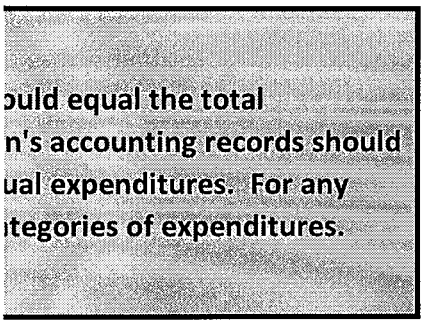
Accounting of how the funds will be spent

Provide below an accounting of how the state funds will be spent*. Total expenditures sh appropriation received. Expenditure descriptions similar to those used in your organizatio be used to maximize comparability of this budget to your organization's accounting of act category exceeding 10% of the total state contribution, provide additional details or subca

*** Per Proviso 11-9-110, a contribution must not be made to an organization until it agrees in writing to allow the State Auditor.**

Description		Budget
Replace windows of a 100 + yr old building to energy efficient windows		7500.00
Refurbish & reequip kitchen		10000.00
Install handicapped accessible restroom		3000.00
Paint, miscellaneous items to refinish & refurbish existing building		4500.00
Grand Total		$ 25000.00

Insert additional lines if needed. Grand total should equal the state funds to be received.


ɔuld equal the total
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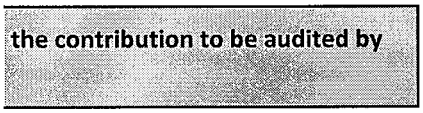
ual expenditures. For any
ıtegories of expenditures.


the contribution to be audited by

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	Complete installation of handicapped accessible restroom
2	Make kitchen functional
3	Replace windows of 100 yr old plus building to energy efficient windows
4	Renovate & Refurbish building, paint, miscellaneous items as funds are available
5	
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15	

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

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	Make building more energy efficient
2	Make building facilities handicapped accessible
3	Provide needed updates to building
4	
5	
6	
7	
8	
9	
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11	

12	
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14	
15	

At least one success measure is required. If additional lines are needed, copy and paste Measure 15.

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 13, 2023
Date

Assurance is hereby given by the

SARDIS COMMUNITY CENTER
(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 Carolyn K. Minick

Title CFO

SOUTH CAROLINA DEPARTMENT OF PARKS, RECREATION
&
TOURISM

PROCUREMENT CERTIFICATION FORM

GRANTEE NAME: SCPRT

PROJECT NAME: Sardis Community 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.

Carolyn L Minick
PRINTED NAME

CFO
TITLE

Carolyn L. Minick
SIGNATURE

10-13-23
DATE

SARDIS COMMUNITY CENTER

2022 EXPENSES

MID-CAROLINA ELECTRIC CO-OP	$ 779.00
FIRST CITIZENS BANK FEES	1.00
PROPANE FUEL	323.40
ELECTRICAL REPAIRS	232.00
SECRETARY OF STATE (YEARLY FEE)	50.00
TERMITE TREATMENT	150.00
TOTAL	$1535.40

SARDIS COMMUNITY CENTER

2022 INCOME

FUNDRAISER, RENTALS & DONATIONS	$6820.00

BANK BALANCE AS OF DECEMBER 31, 2022	$7965.49

Lesa M. Campbell
Audited

Budget summary

Date: FISCAL YEAR 2023

SARDIS COMMUNITY CENTER

Budget area	Estimated	Actual	Difference
Income	3,500.00	2,639.51	**(860.49)**
Personnel expenses	0.00		**0.00**
Operating expenses	4,500.00	3,920.47	**579.53**
Balance (income minus expenses)	**(1,000.00)**	**(1,280.96)**	**(280.96)**

South Carolina

Secretary of State

(https://sos.sc.gov/)

Mark Hammond

Search Charities

Charities Search Home

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Sardis Community Center

Public Id: P15267
Joseph L Lake , CEO
143 HARVEST RD C/O CAROLYN MINICK
SALUDA, SC 29138-8579

Status: Registered. Information from this organization's annual financial report is listed below.

The following financial information has been provided to the Secretary of State's Office by the above named organization. The Secretary of State's Office has not independently verified this financial information. If a charity has recently registered with the Secretary of State's Office for the first time, there may not be any financial data available. Below are figures for the organization's fiscal year **1/1/2022 - 12/31/2022.**

Financial Report	
TOTAL REVENUE:	$6,820.00
PROGRAM EXPENSES:	$0.00
TOTAL EXPENSES:	$1,535.40
NET ASSETS:	$7,965.49
FUNDRAISER COSTS:	$0.00

Financial Report File

p15267.pdf (/DisplayFinancialReport.aspx?ReportType=Charity&CopyID=161362)

Next Report: 01/01/2023 - 12/31/2023 Due Date: 05/15/2024

According to the financial information filed with this office, this organization devoted **0.0%** of its total expenses to program services during the year reported.

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
25,000.00		

Organization Information	
Entity Name	Sardis Community Center
Address	2270 Sardis Rd
City/State/Zip	Saluda, SC 29138
Website	
SCEIS Vendor #	
Entity Type	

Organization Contact Information	
Contact Name	Carolyn L Minick
Position/Title	CFO
Telephone	864-993-3307
Email	Cminick26@yahoo.com

Plan/Accounting of how these funds will be spent:

Description	Budget	Explanation
Replace 100 yr old windows with energy efficient windows	7500.00	Original windows in 1800's building
Refurbish & reequip Kitchen	10,000.00	Kitchen non-functional as is
Complete installation of handicap accessible bathroom	3000.00	Present bathrooms not handicapped accessible
Paint, miscellaneous, refinish & refurbish existing building	4500.00	Old building
Grand Total	25,000.00	

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

Community center is a community gathering location
Also community center provides local polling and voting location free of charge

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.

Carolyn L. Minick
Organization Signature

Chief Financial Officer
Title

Carolyn L Minick
Printed Name

10-13-23
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.

Duane Parrish
Agency Head Signature

11/15/2023
Date

Duane Parrish
Printed Name