

## Basic Information for Your Organization

Your Organization	
Name	City of Conway
Address (Street or PO Box)	229 Main Street
Address (City, State, Zip)	Conway, SC 29526
SCEIS Vendor Number (Determines remittance)	7000030125
Organization website address	<a href="https://www.conwaysc.gov">https://www.conwaysc.gov</a>
Organization type (nonprofit, local government, etc.)	Local Government

Organization Contact	
Name	Rosanne Dates
Position	Grants Supervisor
Telephone	843-488-7609
Email	<a href="mailto:rdates@conwaysc.gov">rdates@conwaysc.gov</a>

State Contribution	
Amount	\$ 2,400,000.00
Earmark Name	City of Conway Expansion of Crabtree Greenway
Project Summary	Expand trail at Crabtree Greenway
State Agency Providing Contribution	SCPRT

Person Completing this Report	
Name	Rosanne Dates
Position	Grants Supervisor

### 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
FY2023-24 Conway Expansion of Crabtree Greenway	\$ 2,400,000.00
<b>Grand Total</b>	\$ 2,400,000.00

*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	Increase length of pathway at Crabtree Greenway
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

*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	Construct section of Crabtree Greenway with the intent to connect to additional sections in future
2	
3	
4	
5	
6	
7	
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10	
11	
12	
13	
14	
15	

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

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

**PROCUREMENT CERTIFICATION FORM**

GRANTEE NAME: City of Conway

PROJECT NAME: Expansion of Crabtree Greenway

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.

Adam Emrick  
PRINTED NAME

City Administrator  
TITLE

  
SIGNATURE

1/29/2024  
DATE

**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.

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**Statement of Non-Discrimination**

1/29/2024

Date

Assurance is hereby given by the

City of Conway

(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

City Administrator

