Basic Information for Your Organization

Your O	rganization
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	https://www.conwaysc.gov
Organization type (nonprofit, local government, etc.)	Local Government
Organiza	ntion Contact
Name	Rosanne Dates
Position	Grants Supervisor
Telephone	843-488-7609
Email	rdates@conwaysc.gov
State C	ontribution
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
	leting 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
Grand Total	\$ 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
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	A
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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
	a
1	Construct section of Crabtree Greenway with the intent to connect to additional sections in future
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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
SIGNATURE
<u>1/29/2024</u> 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.

Statement of Non-Discrimination
1/29/2024
Date
ssurance is hereby given by the
City of Conway
(Name of Organization)
at no person shall, upon the grounds of race, creed, color or national origin be excluded from articipation in, be denied the benefit of or be otherwise subjected to discrimination under any
Signature Signature
Title <u>City Administrator</u>



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	tion. The information must be collected from the designated organization before the failus can be dispussed.	~
		Contribution Information	
Amount	State Agency Providing the Contribution	Purpose	
\$900,000.00	P280 - Department of Parks, Recreation, and Tourism	Expansion of Crabtree Greenway	

	Organization Information	
Entity Name	City of Conway	
Address	229 Main Street	
City/State/Zip	Conway, SC 29526	
Website	https://www.conwaysc.gov	
SCEIS Vendor #	7000030125	
Entity Type	Municipality	

	Organization Contact Information	
Contact Name	Rosanne Dates	
Position/Title	Grants Supervisor	
Telephone	843-488-7609	
Email	rdates@conwaysc.gov	

Description	ounting of how the	Budget	Explanation
Y2023-2024 Expansion of Crabtree Greenway	\$	2,400,000.00 FL	unding to construct new segment of Crabtree Greenwa

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

Crabtree Canal runs throughout the northern area of Conway and is the primary watershed for the City carrying water to the Waccamaw River. A portion of the canal connects the Conway Recreation Complex, Conway High School, the movie theater, Walmart, and the new Whittemore Middle School campus. A new McLeod Medical Facilty will also be accessible via this canal. Conway's recently approved Trails and Pathways Plan prioritizes a pathway along this section of the canal as a primary need. The City requests funding to construct this segment of Crabtree Greenway with the intent to connect it to additional sections of the Greenway in the near future.

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.

nization Signature

City Administrator

Title

1/29/2024

Date

Adam Emrick

Printed Name

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.

I am Agency Head Signature

1/31/2024

Duane Parrish

Printed Name