

## 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		
\$500,000.00	P280 - Department of Parks, Recreation, and Tourism	Colleton County - YMCA Type Facility		

Organization Information				
Entity Name	Colleton County			
Address	PO Box 157, 109 Benson Street			
City/State/Zip	Walterboro, SC 29488			
Website	https://www.colletoncounty.org/			
SCEIS Vendor#	7000253721			
Entity Type	County			

Organization Contact Information				
Contact Name	Jon Carpenter			
Position/Title	Finance Director			
Telephone	(843) 549-5716			
Email	jcarpenter@colletoncounty.org			

Plan/Accounting of how these funds will be spent:				
Description	Budget	Explanation		
Colleton County - YMCA Type Facility	\$500,000.00	Construction of YMCA Type Facility		
Grand Total	\$500,000.00			

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

Construction of a YMCA type facility to provide a place for youth, adult and senior educational, recreational, health and lifelong skills and learning opportunities. The construction of a YMCA type facility located in or near the largest metro area of Colleton County will allow utilization for residents with limited transportation. This facility will be invaluable in facilitating the provision of services for the community that would not otherwise be possible.

l) Organization hereby gives assuran	ce 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	n under any program or activity for which this organization is responsible.
2) Organization certifies that it will p	rovide quarterly spending reports to the Agency Providing Contribution listed above.
3) Organization certifies that it will p	rovide an accounting at the end of the fiscal year to the Agency Providing Contribution listed above.
1) Organization certifies that it will al	low the State Auditor to audit or cause to be audited the contributed funds.
Drganization Signature	County Aministrator Title
. Kevin Griffin	62/02/2024
Printed Name	Date
	Certifications of State Agency Providing Contribution
· · · · · · · · · · · · · · · · · · ·	nned expenditure aligns with the Agency's mission and/or the purpose specified in the appropriations act.
	anization has set forth a public purpose to be served through receipt of the expenditure.
<ol><li>State Agency certifies that it will m</li></ol>	ake distributions directly to the organization.
	rovide the quarterly spending reports and accounting received from the organization to the Senate Finance Committee, House Ways and Means
Committee, and the Executive Budge	: Office by June 30, 2024.
<ul><li>State Agency certifies that it will p</li></ul>	ublish on their website any and all reports, accountings, forms, updates, communications, or other materials required by Proviso 117.21 of the
appropriations act.	
<ul> <li>State Agency will certify to the Off</li> </ul>	ice of the Governor that it has complied with the requirements of Executive Order 2022-19 by June 30, 2024.
Pune Parish	2/2/24
Agency Head Signature	Date
Duane Parrish	
Printed Name	
Tillted Name	