SOUTH CAROLINA DEPARTMENT OF PARKS, RECREATION & TOURISM

PROCUREMENT CERTIFICATION FORM

GRANTEE NAME: Town of Honea Path
PROJECT NAME: Town of Honea Path Demolish Structures
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.
Christopher Burton
PRINTED NAME
Mayor
TITLE Mustapher W. Buttar SIGNATURE
January 23, 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.

Statement of Non-Discrimination
January 23, 2024
Date
Assurance is hereby given by the
Town of Honea Path
(Name of Organization)
hat 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 Mayor

Basic Information for Your Organization

Your Or	ganization
Name	Town of Honea Path
Address (Street or PO Box)	204 South Main Street
Address (City, State, Zip)	Honea Path, SC 29654
SCEIS Vendor Number (Determines remittance)	7000030143
Organization website address	www.honeapathsc.com
Organization type (nonprofit, local government, etc.)	

Organiza	ation Contact
Name	Amanda Porter
Position	Clerk/Treasurer
Telephone	864-369-2466
Email	aporter@honeapathsc.com

State Contribution					
Amount	\$300,000.00				
Earmark Name Town of Honea Path Demolish Structures					
Project Summary condemnation of abandoned houses					
State Agency Providing Contribution	South Carolina Department of Parks, Recreation & Tourism P280				

Person Comp	leting this Report
Name	Amanda Porter
Position	Clerk/Treasurer



State of South Carolina Request for Contribution Distribution

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 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

	\$300,000.00	Amount	
The state of the s	Condemnation and demolition of abandoned houses	Contribution Information State Agency Providing the Contribution Purpose	form to collect information from the designated organization. The information must be collected from the designated organization before the funds can be disbursed.

Entity Type	SCEIS Vendor#	Website	City/State/Zip	Address	Entity Name	
Municipality	7000030143	www.honeapathsc.com	Honea Path,SC 29654	204 South Main Street	Town of Honea Path	Organization Information

004-009-2400	3 cicpitolic
SEV 3ED 3VEE	Tolonbone
_	Position/Title
Amanda Porter	Contact Name
Organization Contact Information	

Plan/Accounting of how these funds will Description Condemnation and removal of abandoned houses \$300,000.00 A	these funds will be spent: Budget \$300,000.00 All funds will be used to demolish and cleanup abandoned houses
Grand Total \$300,000.00	2500 000 00

Grand	And the second s	
Grand Total \$300,000.00		

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

Organization Certifications

otherwise subjected to discrimination under any program or activity for which this organization is responsible. 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

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.

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.

State Agency certifies that it will make distributions directly to the organization.

Committee, and the Executive Budget Office by June 30, 2024. 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

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.

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

Printed Name

histopher Buston

2-1-24