

## State of South Carolina Request for Contribution Distribution

form to collect information from the designated organization. The information must be collected from the designated organization before the funds can be disbursed. 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

\$25,000.00 P28	Amount	
\$25,000.00 P280 - Department of Parks, Recreation, and Tourism	State Agency Providing the Contribution	
To do a study on Wayfinding for the Town of Great Falls and surrounding area	Purpose	Contribution Information

	O Banifación information
Entity Name	Town of Great Falls
Address	P.O. Box 177
City/State/Zip	Great Falls, S.C. 29055
Website	www.greatfalls.org
SCEIS Vendor #	250584602
Entity Type	Municipality

	Organization Contact Information
Contact Name	Contact Name   Jessica Eubanks
Position/Title	Municipal Clerk
Telephone	803-482-2055
Email	greatfalls@truvista.net

	Grand Total \$25,000.00	Grand Total
	\$8,750.00	Signage purchase
	\$1,000.00	Contingency
	\$15,250.00	Final Plan and Implementation
		Draft Plan
		Preliminary System Development
Site visit and windshield survey of signs, locations, etc		Existing conditions analysis
Planning of the strategic wayfinding framework		Visioning workshop
Discussion of basic project elements & expectations		Information gathering & review
Explanation	Budget	Description
ill be spent:	these funds wil	Plan/Accounting of how these funds will be spent:

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

will help people find these amenities. Getting visitors into town and to the sites that are now open and will be open (including a State Park) is important to the economic development plan for Great Falls and the wayfinding system Over the next few years a number of recrational amenities will be developed and open in the Great Falls area. All of these projects are designed to improve the economic vitality of the area.

2) Organization certifies that it will provide quarterly spending reports to the Agency Providing Contribution listed above 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 Organization Certifications

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.

Organization Signature

Printed Name

Title

Mayor

## 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.
- 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.
- 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.

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.

03/03/2024

Agency Head Signature

**Duane Parrish** 

**Printed Name** 

Date