

Basic Information for Your Organization

Your Organization	
Name	County of Dillon
Address (Street or PO Box)	PO Box 449
Address (City, State, Zip)	Dillon, SC 29536
SCEIS Vendor Number (Determines remittance)	7000030038
Organization website address	dilloncountysc.org
Organization type (nonprofit, local government, etc.)	Local Government

Organization Contact	
Name	Tim Harper
Position	County Administrator
Telephone	843-774-1401
Email	tharper@dilloncountysc.org

State Contribution	
Amount	\$263,980.00
Earmark Name	Dillon County - Parks
Project Summary	Equipment and Park Upgrades
State Agency Providing Contribution	Parks, Recreation and Tourism

Person Completing this Report	
Name	Tim Harper
Position	County Administrator

Governing Board and Executive Officer - Nonprofit Organizations Only

For nonprofit organizations only, provide below the names of the individuals who serve on your organization's governing board and, if applicable, their board position. Please also provide the name and title of your organization's executive officer.

[illegible]

Your Organization's Executive Officer	
Name	Title
Tim Harper	County Administrator

Accounting of how the funds will be spent

Provide below an accounting of how the state funds will be spent*. Total expenditures should not exceed the appropriation received. Expenditure descriptions similar to those used in your organization's accounting are preferred to maximize comparability of this budget to your organization's accounting of actual expenditures. If expenditures 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 State Auditor.

Description	Budget
Purchase Park Equipment and upgrades.	\$263,980.00
Grand Total	\$ 263,980.00

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	Purchase Equipment for Parks
2	Construction of New Basketball County in Fork, SC.
3	Completion of New Building at the Dargan Street Park.
4	Fencing at Parks
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Goals 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	Provide better facilities for our Citizens at our Parks.
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If additional lines are needed, copy and paste Goal 15.

**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

3/22/2024
Date

Assurance is hereby given by the

County of Dillon
(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

[Signature]

County Administrator

SOUTH CAROLINA DEPARTMENT OF PARKS, RECREATION
&
TOURISM

PROCUREMENT CERTIFICATION FORM

GRANTEE NAME: _____ County of Dillon _____

PROJECT NAME: _____ Dillon County - Parks _____

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.

_____ Tim Harper _____
PRINTED NAME

_____ County Administrator _____
TITLE

SIGNATURE

_____ 3/21/2024 _____
DATE



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
\$263,980.00	P280 - Department of Parks, Recreation, and Tourism	Park Equipment and upgrades

Organization Information	
Entity Name	Dillon County
Address	PO Box 449
City/State/Zip	Dillon, SC 29536
Website	dilloncountysc.org
SCEIS Vendor #	7000030038
Entity Type	County

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Plan/Accounting of how these funds will be spent:		
Description	Budget	Explanation
Park Equipment and Upgrades	\$263,980.00	Provide opportunities to our adults and youth for outdoor activities.
Grand Total	\$263,980.00	

Plan/Accounting of how these funds will be spent:

Description		Budget	Explanation
Park Equipment and Upgrades		\$263,980.00	Provide opportunities to our adults and youth for outdoor activities.
Grand Total		\$263,980.00	

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

This grant will provide opportunities for outdoor activities for all age groups. It will be used for various pieces of playground equipment, benches, bleachers, picnic tables in our parks. It will also be used for the construction of a basketball court at the Fork Park. Funds will also be used in the establishment of two new parks in the County in Hamer and Floydale.

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.


Organization Signature

County Administrator
Title

Tim Harper
Printed Name

3/22/2024
Date

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.


Agency Head Signature

3/22/24
Date

Duane Parrish
Printed Name