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

Organization Information	
Entity Name	Town of Lane, SC
Address	Post Office Box 39
City/State/Zip	Lane, SC 2956
Website	
SCEIS Vendor #	7000037752
Entity Type	Municipality

Organization Contact Information	
Contact Name	Charlie Fulton
Position/Title	Mayor
Telephone	843-387-5151
Email	ckfulton06@gmail.com

Plan/Accounting of how these funds will be spent:		
Description	**Budget**	**Explanation**
Renovation of Community Center	$100,000.00	The funds will be used toward the renovation of the community center.
		Youth and senior programs will be housed in the areas as well as workforce
Grand Total	**$100,000.00**	

Please explain how these funds will be used to provide a public benefit:
The funds will be used toward the renovation of the community center, The center will host afterschool and summer enrichment programs, adult education and literacy programs. It will also be used toward establishing a food distribution program. Currently, meetings and workshops are being hosted in the building. There are AA meetings held in the community center and other services will be hosted in the building.

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.

Charlie Fulton
Organization Signature

Mayor
Title

CHARLIE FULTON
Printed Name

3/28/2024
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.

Charlie Fulton
Agency Head Signature

3/28/2024
Date

CHARLIE FULTON
Printed Name

SOUTH CAROLINA DEPARTMENT OF PARKS, RECREATION
&
TOURISM

PROCUREMENT CERTIFICATION FORM

GRANTEE NAME: _____Town of Lane, SC_____

PROJECT NAME: _____Community Center Renovation

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.

_Charlie Fulton_____
PRINTED NAME

__Mayor_____
TITLE

Charlie Fulton
SIGNATURE

3/28/2024
DATE

Basic Information for Your Organization

Your Organization	
Name	Town of Lane, SC
Address (Street or PO Box)	Post Office Box 39
Address (City, State, Zip)	Lane, SC 29564
SCEIS Vendor Number (Determines remittance)	7000037752
Organization website address	
Organization type (nonprofit, local government, etc.)	local government

Organization Contact	
Name	Charlie Fulton
Position	Mayor
Telephone	843-387-5151
Email	ckfulton06@gmail.com

State Contribution	
Amount	$100,000.00
Earmark Name	Legislative Distribution
Project Summary	Renovation of Community Center
State Agency Providing Contribution	Parks, Recreation and Tourism

Person Completing this Report	
Name	Charlie Fulton
Position	Mayor

Accounting of how the funds will be spent

Provide below an accounting of how the state funds will be spent*. Total expenditures sh appropriation received. Expenditure descriptions similar to those used in your organizatio be used to maximize comparability of this budget to your organization's accounting of act category exceeding 10% of the total state contribution, provide additional details or subca

*** 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
Renovation of Community Center		$100,000.00
Grand Total		$ 100,000.00

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	To enables adults to become more employable, productive and responsible citizens through education.
2	develop am aptitude for math and science as well as to improve upon what has come before.
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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
1	To provide services to individuals seeking employment and educational attainment.
2	To engage youth in the STEAM careers and work with them to matriculate through the educational system which will lead them to those jobs
3	To provide computer training to seniors for them to stay connected to family members and news events.
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