

## 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 before the funds can be disbursed.

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Amount	State Agency Providing the Contribution	Purpose
	P280 - Department of Parks, Recreation, and Tourism	Lake View Holiday Beautification Project

	Organization Information
Entity Name	Town of Lake View
Address	PO Box 824 / 201 N. Main Street
City/State/Zip	Lake View, SC 29563
Website	www.townoflakeviewsc.org
SCEIS Vendor #	7000157713
Tax ID#	57-0537796
Entity Type	Municipality

	Organization Contact Information
Contact Name	Amanda Garris
Position/Title	Municipal Clerk / Treasurer
Telephone	(843) 759-2861
Email	agarris@townoflakeviewsc.org

Plan/Accounting of I	how these funds w	vill be spent:
Description	Budget	Explanation
oliday Décor	\$40,000.00	New holiday décor, new lights, repairs to old lighting, cost of shipping
		& taxes for all purchases, holiday displays, labor for installation, etc.
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Grand To	otal \$40,000.00	

Please explain l	now these fund	ds will be usec	to provide a	public benefit:
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This Holiday Beautification Project funds of \$40,000.00 will directly benefit the residents and visitors of the Town of Lake View by enhancing the town's aesthetic appeal throughout the year and most especially during holiday seasons such as Christmas. We will be using these fund as contributions towards strenghtening the community spirit by improving the town's holiday displays, particularly during the Christmas Season. The new attractive displays will draw visitors and tourists and encourage economic activity at the same improving the quality of life and attacting future investments.

## **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.

Exmanda Darris	Municipal Clerk / Treasurer
Organization Signature	Title
Amanda Garris	10/3/2024
Printed Name	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, 2025.
- 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, 2025.

Pune Parish	10/4/2024	
Agency Head Signature	Date	

**Duane Parrish** 

Printed Name