

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		
\$100,000.00	P280 - Department of Parks, Recreation, and Tourism	Enhancing activities for community members			

Organization Information				
Entity Name	Williambsubrg County Government			
Address	201 West Main Street			
City/State/Zip	Kingstree, SC 29556			
Website	www.williamsburgcounty.sc.gov			
Tax ID#	57-6000412			
Entity Type	County			

Organization Contact Information				
Contact Name	Kristen Miller			
Position/Title	Assistant Grants Administrator			
Telephone	(843)355-9321 x5202			
Email	kristen.miller@wc.sc.gov			

Plan/Accounting of how t	hese funds wil	ll be spent:
Description	Budget	Explanation
The funds will be used to purchase and install playground equipment, and provide	\$100,000.00	Enhancing activities for community members
additional upgrades.		
Grand Total	\$100,000.00	

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

The funds will be used to purchase and install playground equipment, and provide additional upgrades to the park which all can accommodate and family gatherings.

	Organization Certifications
Organization hereby gives assurance that no person shall, u	ipon the grounds of race, creed, color, or national origin, be excluded from participation in, be denied the benefit of, or be
therwise subjected to discrimination under any program or a	ctivity for which this organization is responsible.
Organization certifies that it will provide quarterly spending	g reports to the Agency Providing Contribution listed above.
Organization certifies that it will provide an accounting at t	he end of the fiscal year to the Agency Providing Contribution listed above.
Organization certifies that it will allow the State Auditor to	audit or cause to be audited the contributed funds.
Miller	County Supervisor
organization Signature	Title
elvin C. Washington	9/30/2024
rinted Name	Date
Titled Name	
	Certifications of State Agency Providing Contribution
) 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.
v chara Agangu portifies that it will make distributions directly	y to the organization.
State Agency certifies that it will provide the quarterly spe	nding reports and accounting received from the organization to the Senate Finance Committee, House Ways and Means
Seminative and the Everytive Rudget Office by June 30, 2025	
 State Agency certifies that it will publish on their website a 	ny and all reports, accountings, forms, updates, communications, or other materials required by Proviso 117.21 of the
annonriations 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, 2025.
Dune Parish	10/11/2024
Agency Head Signature	Date
Duane Parrish	

Printed Name