

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

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The state of the s	\$98,000.00	Amount	
	\$98,000.00 P280 - Department of Parks, Recreation, and Tourism	State Agency Providing the Contribution	
		Purpose	Contribution Information

	Organization information
Entity Name	Pineville Eadytown Community Park
Address	1113 Pineville Circle / Post Office Box 143
City/State/Zip	Pineville, South Carolina 29468
Website	
SCEIS Vendor #	7000277659
Tax ID#	92-2490797
Entity Type	Nonprofit Organization

	Organization Contact Information
Contact Name	Contact Name George C. McCray
Position/Title Secretary	Secretary
Telephone	843-934-9644
Email	GCMCrows4@amail.com
	- (

Plan/Accounting of how t	I these funds wil	be spent:
Description	Budget	Explanation
Basketball Court	\$20,454.00	
Walking Trail	\$30,000.00	
Playground Equipment	\$31,604.00	
Outdoor Workout Station	\$11,286.00	
Historic Educational Station	\$4,656.00	
Grand Total	Grand Total \$98,000.00	

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

meeting, leisurely relaxing enjoying the surrounding environment. The park provides a place for sports activities, play area for children, social gathering (birthday celebration, graduation celebration, familyy reunions, et), educational opportunities, community

enied the benefit of, or be

Date	Printed Name
5-Oct-24	George C. McCray
Title	Organization Signature
Secretary	Recree & Michael
to be audited the contributed funds.	4) Organization certifies that it will allow the State Auditor to audit or cause to be audited the contributed funds.
fiscal year 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
e Agency Providing Contribution listed above.	2) Organization certifies that it will provide quarterly spending reports to the Agency Providing Contribution listed above.
ch this organization is responsible.	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 de	1 angle Organization hereby gives assurance that no person shall, upon the groun

- 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.
- $|3\rangle$ State Agency certifies that it will make distributions directly to the organization.
- Committee, and the Executive Budget Office by June 30, 2025. 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
- appropriations act. 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

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.

Agency Head Signature whe

Date

10/22/2024

Duane Parrish

Printed Name

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.

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Statement of Non-Discrimination	1
	_October 5, 2024 Date
Assurance is hereby given by the	
Pineville Eadytown Community Park(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 d	iscrimination under any
program or activity for which this organization is responsible.	
Signature Leans Confe	1 Hio

SOUTH CAROLINA DEPARTMENT OF PARKS, RECREATION & TOURISM

PROCUREMENT CERTIFICATION FORM

GRANTEE NAME: Pineville Eadytown	Community Park
PROJECT NAME: Community Park Imp	provement
I hereby certify that all labor, materials a acquired or performed in the accomp named project will be accomplished in named entity's established procureme concerns or grievances should be direct	lishment of the above accordance with the entire actions. Any questions
George C. McCrayPRINTED NAME	
SecretaryTITLE	
SIGNATURE	
October 5, 2024DATE	