

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.

Contribution Information					
Amount	State Agency Providing the Contribution	Purpose			
\$1,000,000.00	P280 - Department of Parks, Recreation, and Tourism	Heritage Pavilion Project			

Organization Information				
Entity Name	Hagood Mill Foundation			
Address	138 Hagood Mill Rd			
City/State/Zip	Pickens SC 29671			
Website	www.visithagoodmill.com			
Tax ID#	825235551			
Entity Type	Nonprofit Organization			

Organization Contact Information				
Contact Name	Billy Crawford			
Position/Title	Executive Director			
Telephone	864.898.2936			
Email	Billy.hmf@gmail.com			

Plan/Accounting of how these funds will be spent:						
Description	Budget	Explanation				
Professional Services - General Contractor	\$1,000,000.00	Hagood Mill Foundtion will use the budgeted funds to hire a General Contractor				
Grand Total	\$1,000,000.00					

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

The Hagood Mill Heritage Pavilion will serve as a cornerstone of cultural enrichment and community engagement within Pickens SC and its surrounding rural areas. By providing a dedicated enclosed space for educational initiatives and the preservation of traditional arts, it fosters creativity, learning, and social cohesion among residents. Moreover, the Hagood Mill Historic Site and its accompanying facilities play a pivotal role in bolstering the region's tourism industry, attracting over 35,000 visitors on an annual basis.

Organization	Cartitications
Organization	cei illications

- 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.

Duay o. Crawfora	EXECUTIVE DIFECTOR	
Organization Signature	Title	
Billy J. Crawford	10/4/2024	
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.

Printed Name

- 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.

0	, , , , , , , , , , , , , , , , , , , ,	_
France Parish	10/11/2024	
Agency Head Signature	Date	
Duane Parrish		