



## 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
	P280 - Department of Parks, Recreation, and Tourism	Edgefield County Star Park

Organization Information	
Entity Name	Edgefield County
Address	124 Courthouse Square
City/State/Zip	Edgefield, SC 29824
Website	edgefieldcounty.sc.gov
Tax ID#	57-0515034
Entity Type	County

Organization Contact Information	
Contact Name	David Caddell
Position/Title	Administrator
Telephone	803-637-2103
Email	dcaddell@edgefieldcounty.sc.gov

Plan/Accounting of how these funds will be spent:		
Description	Budget	Explanation
Site Grading and stormwater controls	\$250,000.00	
Driveway / Parking areas - rock, asphalt, striping	\$200,000.00	
Pickleball Courts	\$110,000.00	
Fencing	\$70,000.00	
Basketball Court	\$40,000.00	
Trash cans, benches, picnic tables	\$10,000.00	
Splash pad	\$70,000.00	
Grand Total	\$750,000.00	

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

These funds will be used to establish a new County owned public park just outside of the town of Edgefield. This park will be connected to town and another park by a paved waling trail. The park will contain youth football and soccer fields, splash pad, playground, restrooms, sheter, pickleball and basketball courts.

### 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.

  
Organization Signature

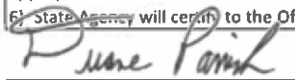
Administrator  
Title

David Caddell  
Printed Name

11/5/2024  
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, 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.

  
Agency Head Signature

11/07/2024  
Date

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**

11-5-24

Date

Assurance is hereby given by the

Edgefield County Government

(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 discrimination under any program or activity for which this organization is responsible.

Signature

Title

[Signature]  
Administrator

**SOUTH CAROLINA DEPARTMENT OF PARKS, RECREATION  
&  
TOURISM**

**PROCUREMENT CERTIFICATION FORM**

GRANTEE NAME: Edgefield County

PROJECT NAME: Edgefield County Star Park

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.

David Cabell  
PRINTED NAME

Administrator  
TITLE

[Signature]  
SIGNATURE

11-5-24  
DATE