

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			

Organization Information				
Entity Name	Town of Aynor			
Address	600 S Main Street			
City/State/Zip	Aynor, SC 29511			
Website	townofaynor.gov			
SCEIS Vendor #	7000030235			
Tax ID#	57-6006209			
Entity Type	Municipality			

Organization Contact Information				
Contact Name	Ashley Work			
Position/Title	Town Manager			
Telephone	843-358-6231			
Email	awork@townofaynor.gov			

Plan/A	ccounting of how these funds w	vill be spent:
Description	Budget	Explanation
Development of a community recreation center	\$1,000,000.00	Planning, surveying, engineering, architectural and all other items
		associated with the development of a town recreation center
	Grand Total \$1,000,000.00	

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

These funds will be used to develop and provide a recreational center for the Town of Aynor's residents and community members to offer workout areas, basketball courts, meeting rooms and outdoor fields to be utilized for soccer and football sporting events.

	Organization Certifications
otherwise subjected to discrimination under any 2) Organization certifies that it will provide quar 3) Organization certifies that it will provide an a	person shall, upon the grounds of race, creed, color, or national origin, be excluded from participation in, be denied the benefit of, or be program or activity for which this organization is responsible. Early spending reports to the Agency Providing Contribution listed above. Ecounting at the end of the fiscal year to the Agency Providing Contribution listed above. The Agency Providing Contribution listed above. The Auditor to audit or cause to be audited the contributed funds.
Ku /w	Town Manager
Organization Signature	Title
Ashley Work	1/17/2025
Printed Name	Date
	Certifications of State Agency Providing Contribution
1) State Agency certifies that the planned exper	diture aligns with the Agency's mission and/or the purpose specified in the appropriations act.
2) State Agency certifies that the Organization h	as set forth a public purpose to be served through receipt of the expenditure.
3) State Agency certifies that it will make distrib	utions 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	une 30, 2025.
5) State Agency certifies that it will publish on the	eir 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 O	overnor that it has complied with the requirements of Executive Order 2022-19 by June 30, 2025.
Pune Parish	01/29/2025
Agency Head Signature	Date

Duane Parrish

Printed Name