

State of South Carolina Request for Contribution Distribution

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 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

	Amount State Ag		collect informatio
	State Agency Providing the Contribution		n from the designated organization. The
DAGEDALL FIELD DELADORE	Purpose	Contribution Information	collect information from the designated organization. The information must be collected from the designated organization before the funds can be disbursed.

	Organization Information
Entity Name	TOWN OF KINGSTREE
Address	401 N LONGSTREET ST
City/State/Zip	KINGSTREE, SC 29556
Website	WWW.KINGSTREE.ORG
SCEIS Vendor #	7000030148
Tax ID#	57-6001060
Entity Type	Municipality

	Organization Contact Information
Contact Name	Contact Name Merianne Cowely
Position/Title	Position/Title Finance Director
Telephone	843-355-8161
Email	mcowley@kingstree.org

Plan/Accounting of how these funds will be spent:	w these funds	will be spent:
Description	Budget	Explanation
Remodel recreational baseball fields	\$500,000.00	\$500,000.00 remodel baseball fields to be able to accommodate travel ball tournaments
Grand Tota	Grand Total \$500,000.00	

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

businesses. state. These tournaments can bring tourists and tourists' dollars into our community. People who come to our town to play and/or watch baseball and softball games will patronize our local We can remodel our baseball fields to make them able to accommodate both the recreational games they are already used for and travel ball tournaments. Travel ball is very popular all over the

) State Agency certifies that the planned expenditure aligns with the Agency's mission and/or the purpose specified in the appropriations act.	Printed Name 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.	Organization Signature Title 1/21/2025 Kippton W Coker Printed Name Certifications of State Agency Providing Contribution 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.	Town Manager Organization Signature Title Adjust to be addition to addition	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. Town Manager Organization Signature Kippton W Coker Printed Name Certifications of State Agency Providing Contribution 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.
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Printed Name

Duane Parrish