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	Columbia Metropolitan CVB DBA Experience Columbia SC
Address	1101 Lincoln Street
City/State/Zip	Columbia, SC 29201
Website	www.ExperienceColumbiaSC.com
SCEIS Vendor #	
Tax ID#	
Entity Type	Nonprofit Organization

Organization Contact Information	
Contact Name	Kelly Barbrey
Position/Title	VP of Marketing & Communications
Telephone	803-545-0018
Email	kbarbrey@experiencecolumbiasc.com

Plan/Accounting of how these funds will be spent:		
Description	**Budget**	**Explanation**
Leisure Tourism Marketing	$800,000.00	Print, digital, billboards, social media, Tv/Radio (traditional and streaming)
Meeting, Convention and Group Marketing	$400,000.00	Print, digital, tradeshows, convention recuritment activities
Grand Total	**$1,200,000.00**	

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

As South Carolina's capital city, Columbia welcomes 16.4 million tourists each year. These visitors help sustain local businesses jobs within our state.

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.

Last updated: August 2022

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.

Kelly Barbrey
Organization Signature

VP of Marketing & Communciatio
Title

Kelly Barbrey
Printed Name

1/28/25
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.

Duane Parrish
Agency Head Signature

1/30/2025
Date

Duane Parrish
Printed Name

SOUTH CAROLINA DEPARTMENT OF PARKS, RECREATION
&
TOURISM

PROCUREMENT CERTIFICATION FORM

GRANTEE NAME: Columbia Metropolitan CVB DBA Experience Columbia SC

PROJECT NAME: Marketing Columbia SC to tourists

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.

Bill Ellen
PRINTED NAME

Pres/CEO
TITLE

Bill Ellen
SIGNATURE

1-28-25
DATE

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.

Statement of Non-Discrimination

1/28/2025
Date

Assurance is hereby given by the

Columbia Metropolitan CVB DBA Experience Columbia SC
(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 Bill Ellen

Title Pres/CEO