

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			
\$1,500,000.00	P280 - Department of Parks, Recreation, and Tourism	Levister Recreation Center			

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/Accounting of how these funds will be spent:					
Description	Budget	Explanation			
Town of Aynor - Levister Recreation Center	\$1,500,000.00	Construction and associated costs for the Town of Aynor - Levister Recreation Center			
Grand Total	\$1,500,000.00				

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	
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		
2) Organization certifies that it will provide quarterly spendin		
3) Of prization 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.	
Ku M	Town Manager	
Organization Signature	Title	
Ashley Work	1/17/2025	
Printed Name	Date	
Filliced Name		
PER MENTE DE L'ANTINE DE L	Certifications of State Agency Providing Contribution	
1) State Agency certifies that the planned expenditure aligns	s 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	a public purpose to be served through receipt of the expenditure.	
3) State Agency certifies that it will make distributions direct	ly to the organization.	
4) State Agency certifies that it will provide the quarterly spe	ending 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.	
5) State Agency certifies that it will publish on their website	any and all reports, accountings, forms, updates, communications, or other materials required b	by Proviso 117.21 of the
appropriations act.		
6) State Agency will certify to the Office of the Governor that	t it has complied with the requirements of Executive Order 2022-19 by June 30, 2025.	
Pune Parish	02/19/2025	
Agency Head Signature	Date	
Duane Parrish		
Printed Name		