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 April 4, 2025 Date
Assurance is hereby given by the City of Isle of Palms
(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 City Administrator

SOUTH CAROLINA DEPARTMENT OF PARKS, RECREATION & TOURISM

PROCUREMENT CERTIFICATION FORM

Art
GRANTEE NAME: <u>City of Isle of Palms</u>
PROJECT NAME: <u>Beach Nourishment</u>
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.
Douglas Kerr
PRINTED NAME
City Administrator
IIILE •
Durse
SIGNATURE
April 4, 2025
DATE



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	
\$1,000,000.00 P280 - Department of Parks, Recreation, and Tourism		Beach Nourishment	

Organization Information		
Entity Name	City of Isle of Palms	
Address	1207 Palm Boulevard	
City/State/Zip	Isle of Palms, SC	
Website	www.iop.net	
Tax ID#	57-6003565	
Entity Type	Municipality	

Organization Contact Information		
Contact Name	Douglas Kerr	
Position/Title	City Administrator	
Telephone	843-886-6428	
Email	dkerr@iop.net	

Plan/Accounting of how	these funds w	ill be spent:
Description	Budget	Explanation
Supplemental Dune Project (South End)	\$425,000.00	Shifting sand recently placed in the intertidal zone
Shoal Management Project (North End)	\$187,500.00	Moving sand from an offshore shoal to erosional areas
Engineering cost related to shoal management projects (North and South)	\$140,000.00	Engineering cost related to moving sand for shoal
Engineering and sand borrow area survey and research for future large scale nourishment projects	\$247,500.00	Engineering cost related to nourishment projects
Caract Tabel	\$1,000,000.00	

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

The project involves the construction costs of shoal and dune management projects and engineering costs associated with identifying long term sand sources to address nourishment needs on the isle of Palms for the next 30 years. The shoal management project at the north end of the island would include moving sand from an offshore shoal to erosional areas as part of a system-wide sediment management plan. This project provides an interim solution to erosional issues and prolongs the life of large-scale nourishments, providing substantial cost savings to the City. The supplemental dune project on the south end of the island involves shifting sand recently placed in the intertidal zone of the beach by the USACE up into a protective berm to protect structures and create a new primary dune.

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.

Down	City Administrator
Organization Signature	Title
Douglas Kerr	4-Apr-25
Printed Name	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.

Pune Paral	04/09/2025	
Agency Head Signature	Date	

Duane Parrish