

**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**

February 09, 2023

Date

Assurance is hereby given by the

Festival on the Avenue

(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 

Title Board Chairperson

**SOUTH CAROLINA DEPARTMENT OF PARKS, RECREATION  
&  
TOURISM**

**PROCUREMENT CERTIFICATION FORM**


GRANTEE NAME: Festival on the Avenue

PROJECT NAME: Festival on the Avenue

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.

Lorraine Dennis  
PRINTED NAME

Board Chairperson  
TITLE

  
SIGNATURE

February 9, 2023  
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 of 2022 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	Festival on the Avenue
Address	337 Manning Avenue
City/State/Zip	Sumter, SC 29150
Website	<a href="http://www.festivalontheavenue.org">www.festivalontheavenue.org</a>
SCSIS Vendor #	7000277072
Entity Type	Nonprofit Organization

#### Organization Contact Information

Contact Name	Lorraine Dennis
Position/Title	Board Chairperson
Telephone	8034686785
Email	<a href="mailto:lorrainedennis98@yahoo.com">lorrainedennis98@yahoo.com</a>

#### Plan/Accounting of how these funds will be spent:

Description	Budget	Explanation
Space/Facilities	\$3,000.00	Heritage Night Space, SSRC Office Space
Promotional	\$850.00	Tshirts
Publicity	\$13,000.00	Website, Signs, radio ad and newspaper ads
Insurance	\$2,200.00	Board and Festival Insurance
Contractual	\$11,100.00	Construction, Photographym, Printing & Clerical Support
Organizational Fees	\$300.00	Secretary of State and 990 Tax Return Preparation
Equipment & Supplies	\$20,750.00	Tents, portapotties, stages, costumes & make-up\
Refreshment/Food	\$2,800.00	Heritage Night and Volunteer Meals
Entertainment	\$38,500.00	Performers, Bands, Sound Stages, DJs, Other Entertain
Other Expense	\$7,500.00	Plaques/Trophhes, telephone, offic
<b>Grand Total</b>	<b>\$100,000.00</b>	

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

Funds will be used to be pay for live entertainment, performers, sound stages/DJs, porta-potties, photography, printing, clerical support, signs, radio adds, newspaper ads, catering, costumes, make uprds, states & prop materia's, Space for living museum,, office space, fees , insurance and preparation of 990 tax return

#### 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.

Organization Signature

Lorraine Dennis

Printed Name

Board Chairperson

Title

9-Feb-23

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 of 2022.
- 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, 2023.
- 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 of 2022.
- 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, 2023.

Agency Head Signature

Duane Parrish

Printed Name

02/13/2023

Date

## Governing Board and Executive Officer - Nonprofit Organizations Only

For nonprofit organizations only, provide below the names of the individuals who serve on your organization's governing board and, if applicable, their board position. Please also provide the name and title of your organization's executive officer.

Members of Your Organization's Governing Board	
Name	Board Position, if applicable
Ms. Lorraine W. Dennis	Chairperson
Ms. Karen Watson	Vice Chairperson
Mr. Robert Johnson	Treasurer
Ms. Lana A. Odom	Recording Secretary
Ms. Gwendolyn Clyburn	Member
Attorney Calvin Hastie	Member
Mr. Fred Gass	Member
Mr. James Dukes	Member
Mr. Ivan Sanders	Member
Mr. Goliath Brunson	Member
Mr. John Pringle	Member
Rev. Marion H. Newton	Member
Mr. Coley White	Member
Ms. Valerie Brunson	Member
Ms. Gale Player	Member
Mr. Howard McFadden	Member

Your Organization's Executive Officer	
Name	Title