

**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

9/8/2022

Date

Assurance is hereby given by the

Palmetto Conservation Foundation

(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

[Signature]
Executive Director

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

PROCUREMENT CERTIFICATION FORM

GRANTEE NAME: Palmetto Conservation Foundation

PROJECT NAME: Palmetto Trail

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.

Mary Roe
PRINTED NAME

Executive Director
TITLE

Mary Roe
SIGNATURE

9/8/2022
DATE

SOUTH CAROLINA STATE TREASURER'S OFFICE

AUTHORIZATION AGREEMENT AND ENROLLMENT FORM FOR ACH ELECTRONIC VENDOR PAYMENT AND REMITTANCE

By submitting this form, I authorize the State of South Carolina (hereinafter "the State") to initiate electronic credit entries to a checking or a savings account indicated below at the financial institution identified below. I acknowledge that direct deposits to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control. I affirm that the entire payment amount is not subject to being transferred to a foreign bank account. I understand that payments and reimbursements may be made by the State, to me or the vendor I represent and only to the one bank account indicated. In the event of overpayment to this bank account, I authorize the State to make an adjusting debit entry to the account up to the amount of the overpayment. I may revoke or cancel this authorization and enrollment by notifying the SC State Treasurer's Office in writing at least fifteen (15) days prior to termination. Any change to the bank account or to a new financial institution will require a new SOUTH CAROLINA STATE TREASURER'S OFFICE AUTHORIZATION AGREEMENT AND ENROLLMENT FORM.

Failure to notify the SC State Treasurer's Office of an account change will delay payment.

Instructions:

1. Vendor/payee must complete all fields below. Please consider any payments you may receive from the South Carolina State Treasurer's Office when preparing this form. If you need to enroll different bank accounts for different types of payments, please prepare a separate enrollment form for each bank account and check the box below on each form.

☐ I am enrolling multiple deposit accounts.

2. Include a voided check or verification letter from vendor/payee's financial institution. Please do not send a voided deposit ticket as these do not contain valid ACH Bank ABA Routing Numbers. If a savings account is selected for receipt of payment a verification letter from vendor/ payee's financial institution must be included. Vendor/payee must keep a copy of the completed form and send the original to the SC State Treasurer's Office at the address indicated in the footer below.

If you have any questions, please call Renee Herndon at (803) 734-2681 or contact via email at renee.herndon@sto.sc.gov.

Please read the information below before completing the fields to the right.

Please Provide EIN or SSN – Not Both

5	7	0	9	0	7	0	4	3
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Please Indicate Which You Are Providing: EIN or SSN?

☒ EIN

☐ SSN

- For Businesses: Enter your Employer Identification Number (EIN) as reported to the South Carolina Comptroller General's Office on Form W-9.
- For Individuals: Enter your Social Security Number (SSN) as reported to the South Carolina Comptroller General's Office on Form W-9.

Name of Payee as Shown on the Bank Account					Contact Person Name													
Palmetto Conservation Foundation					Mary Roe													
Business Name, If Different From Above					Contact Person Telephone Number (Include Area Code)													
					803-771-0870													
Address - Number & Street & Apt. No. or PO Box No. & Suite No.					South Carolina State Vendor Number (If Known)													
722 King St																		
City	State	Zip Code	Remittance Advice Email Address															
Columbia	SC	29205-1706	mroe@palmettoconservation.org															
Financial Institution Information					Details for each ACH payment will be emailed to this address. It is preferred that a general or shared email address is used instead of an individual employee's email address.													
Depositor Account Number (Up to 17 Digits)									Checking or Savings?									
0	0	0	0	5	0	8	0	0	5	1	5							Checking
Financial Institution Name					Financial Institution ABA Number (Must Be 9 Digits)													
Bank of America					0					5	3	9	0	4	4	8	3	
Institution Address - Number & Street & Apt. No. or PO Box No. & Suite No.					City		State		Zip Code									
1710 Heckle Blvd					Rock Hill		SC		29732									

MAILING ADDRESS:

South Carolina State Treasurer's Office
Attn: Electronic Payment Enrollment Form
1200 Senate Street, Suite 214

STO FORM 4 (12/2020)

PALMETTO CONSERVATION FOUNDATION
722 KING STREET
COLUMBIA, SC 29205-1706
(803) 771-0870
www.palmettoconservation.org

BANK OF AMERICA, NA
ROCK HILL, SC 29732
87-448/639

18212

PAY TO THE
ORDER OF

\$

VOID

PROTECTED AGAINST FRAUD

DOLLARS

MEMO

018212 053904483 000050800515

PALMETTO CONSERVATION FOUNDATION

18212

PALMETTO CONSERVATION FOUNDATION

18212

PAYMENT
RECORD