Basic Information for Your Organization

Your O	rganization
Name	Florence County (Parks & Recreation)
Address (Street or PO Box)	180 North Irby Street, MSC-G
Address (City, State, Zip)	Florence SC 29501-3456
SCEIS Vendor Number (Determines remittance)	7000027426
Organization website address	www.florenceco.org 7000027136
Organization type (nonprofit, local government, etc.)	County government

Organiza	tion Contact
Name	K.G. Rusty Smith, Jr.
Position	County Administrator
Telephone	843-665-3035
	kgrsmith@florenceco.org

State Co	ontribution	
Amount		¢25.000
Earmark Name	St. Luke Community Basketball Court Reno - Florence County	\$25,000
Project Summary	Reno of the St. Luke Community Basketball Court	
Tate Agonou Dwarialia - C	SCPRT SCPRT	-1

Person Comp	eting this Report	
Name	Kathy N. Nance	
Position	Grants Manager	

Accounting of how the funds will be spent

Provide below an accounting of how the state funds will be spent*. Total expenditures should equal the total appropriation received. Expenditure descriptions similar to those used in your organization's accounting records should be used to maximize comparability of this budget to your organization's accounting of actual expenditures. For any category exceeding 10% of the total state contribution, provide additional details or subcategories of expenditures.

* Per Proviso 11-9-110, a contribution must not be made to an organization until it agrees in writing to allow the contribution to audited by the State Auditor.

Description		Budget
Reno of the St. Luke Community Basketball Court	\$	25,000.00
	-	
	+	
Grand Total	\$	25,000.00

Insert additional lines if needed. Grand total should equal the state funds to be received.

Success Measures

List the success measures that will determine the effectiveness of the use of the state funds to be received. Success measures should be stated in a way that can be measured. At least one success measure is required, but if there are more success measures than lines provided, copy and paste the last line as needed to expand the list.

Measur	e Description
	= P.U.S.
1	Completion of the procurement process for the court reno.
2	Completion of the construction involved in the basketball court reno.
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13	
-	
14	
15	

At least one success measure is required. If additional lines are needed, copy and paste Measure 15.

Goals to be accomplished

List the goals to be accomplished with the state funds to be received. Goals should be stated in a way that can be measured. At least one goal is required, but if there are more goals than lines provided, copy and paste the last line as needed to expand the list.

Goal	Description
1	To complete the proper procurement process.
2	To complete the reno for the basketball court.
3	
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14	
15	

At least one goal is required. If additional lines are needed, copy and paste Goal 15.



Florence County

County Complex 180 North Irby Street, MSC-G Florence, South Carolina 29501 Tel: 843.665.3035 FAX: 843-665-3070

www.florenceco.org

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.

y our own letternead.
Statement of Non-Discrimination
September 27, 2022
Assurance is hereby given by the
Florence County
(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 Kki Tusty A 20

Title: County Administrator

SOUTH CAROLINA DEPARTMENT OF PARKS, RECREATION & TOURISM

PROCUREMENT CERTIFICATION FORM

GRANTEE NAME:Florence County
PROJECT NAME:St. Luke Community Basketball Court Reno_
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.
PRINTED NAME
COUNTY ADMINISTRATOR TITLE
SIGNATURE SIGNATURE
DATE