

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

PROCUREMENT CERTIFICATION FORM

GRANTEE NAME: ANTIOCH BAPTIST ASSOCIATION

PROJECT NAME: MULTIPURPOSE BUILDING

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.

Yvonne M. Bradley - PRINTED NAME

Finance Clerk - TITLE

SIGNATURE

DATE

Yvonne M. Bradley
October 24, 2022

**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

October 24, 2022
Date

Assurance is hereby given by the

ANTIOCH BAPTIST ASSOCIATION
(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 - FINANCE CLERK

A handwritten signature in black ink, reading "Yvonne M. Bradley", is written over a horizontal line. The signature is fluid and cursive, with the first name "Yvonne" being the most prominent part.

Antioch Baptist Association					
Financial Statement January 2021-November 2, 2021					
Beginning Balance 12/20/2020					\$44,098.03
Income January			\$315.00		
Income February			\$10,236.00		
Income March			\$18,952.00		
Income April			\$6,955.00		
Income May			\$645.00		
Income June			\$80,460.00		
Income July			\$1,425.00		
Income August			\$635.00		
Income September			\$10,240.00		
Income October			\$870.00		
Income November			\$640.00		
Total Income for this Period				\$131,373.00	\$175,471.03
Expenses for the Period					
Expenses for January			\$5,416.54		
Expenses for February			\$1,714.54		
Expenses for March			\$969.54		
Expenses for April			\$4,096.10		
Expenses for May			\$13,828.54		
Expenses for June			\$50,737.46		
Expenses for July			\$1,074.54		
Expenses for August			\$1,142.54		
Expenses for September			\$515.54		
Expenses for October			\$4,336.82		
Expenses for November			\$57,627.83		
Total expenses for this Period				\$141,459.99	
Balance November 2, 2021					\$34,011.04

Basic Information for Your Organization

Your Organization	
Name	ANTIOCH BAPTIST ASSOCIATION
Address (Street or PO Box)	P. O. BOX 393
Address (City, State, Zip)	MONCKS CORNER, SC 29461
SCEIS Vendor Number (Determines remittance)	7000239694
Organization website address	N/A
Organization type (nonprofit, local government, etc.)	NONPROFIT

Organization Contact	
Name	YVONNE M. BRADLEY
Position	FINANCE CLERK
Telephone	843-753-3150/843-209-1419
Email	TIRESYVONNE@YAHOO.COM

State Contribution	
Amount	\$200,000
Purpose	To bring facility to 100% completion
State Agency Providing Contribution	SC PARKS, RECREATION, AND TOURISM

Person Completing this Report	
Name	YVONNE M. BRADLEY
Position	FINANCE CLERK

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
REV. WILLIAM F. JEMISON	MODERATOR
REV. RONALD CASEY	VICE MODERATOR
MS. KELYNN REEVES	RECORDING SECRETARY
MS. TRENITA MANIGAULT	ASSISTANT RECORDING SECRETARY
MS. YVONNE M. BRADLEY	FINANCE CLERK
REV. VINCENT GILLIARD	PARLIAMENTARIAN
REV. OSCAR CASH JR.	CHAPLAIN
REV. DR. LEON G. BROWN	BOARD MEMBER
REV. ROGER REMBERT	BOARD MEMBER
REV. MILTON E. SCOTT	BOARD MEMBER
REV. JOSHUA PRIOLEAU	BOARD MEMBER
REV. ALPHONSO RICHARDSON	BOARD MEMBER
REV. WILLIE D. RIVERS	BOARD MEMBER
REV. RAYMOND YOUNG	BOARD MEMBER
REV. ROBERT MCCUTCHEN	BOARD MEMBER
REV. WINSTON PAULK	BOARD MEMBER
REV. EDNA BRYANT	BOARD MEMBER

Your Organization's Executive Officer	
Name	Title
REV. WILLIAM F. JEMISON	MODERATOR

Accounting of how the funds will be spent

Provide below an accounting of how the state funds will be spent*. Total expenditures should not exceed the appropriation received. Expenditure descriptions similar to those used in your organization's accounting are preferred to maximize comparability of this budget to your organization's accounting of actual expenditures. If any expenditure exceeds 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 State Auditor.

Description	Budget
OFFICE FURNISHINGS	\$ 40,000.00
KITCHEN FURNISHINGS	\$ 25,000.00
FLOORING (TILE, CARPET)	\$30,000
WATER SYSTEM	\$ 30,000.00
DROP CEILING/PAINTING OF BUILDING	\$ 60,000.00
OFFICE EQUIPMENT	\$ 10,000.00
MISCELLANEOUS SUPPLIES, EQUIPMENT, FURNITURE	\$ 5,000.00
Grand Total	\$ 200,000.00

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

and equal the total
accounting records should be
expenditures. For any category
expenditures.

contribution to audited by the

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.

Measure	Description
1	TO BRING THE MULTIPURPOSE BUILDING TO 100% COMPLETION AND DEDICATION SERVICE.
2	TO COMPLETE THE FACILITY PROGRAMMATICALLY WITH COMMUNITY RESOURCES & PARTNERS.
3	WITH THE USE OF SIGN IN SHEETS AND RESERVATIONS FOR USAGE, THE USE OF THE FACILITY WILL BE MONITORED.
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At least one success measure is required. If additional lines are needed, copy and paste Measure 15.

Goals 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 FACILITY AT 100% FOR DEDICATION AND USAGE BY THE COMMUNITY AND OUTREACH PARTNERS.
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If additional lines are needed, copy and paste Goal 15.