

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.

	bution Information
Amount / State Agency Providing the Contribution	Purpose + 7 + 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
P280 - Department of Parks, Recreation, and Tourism	

	Organization information
Entity Name	ANTIOCH BAPTIST ASSOCIATION
Address -	P. O. BOX 393
Clty/State/Zip	MONCKS CORNER, SC 29461
Website	N/A
Tax ID#	57-0830883
Entity Type	Nonprofit Organization

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

Plan/Accounting of how these funds will be spent:				
Description	Budget	Explanation		
OFFICE FURNISHINGS	\$40,000.00	FURNITURE FOR THE OFFICES AND MEETING ROOM		
KITCHEN APPLIANCES		STOVE, OVEN, POTS, PANS, SILVERWARE, PLATES, ETC		
FLOORING		CERAMIC TILE AND CARPET THROUGHOUT FACILITY		
DROP CEILING/PAINTING OF BUILDING		CEILING AND PAINTING OF WALLS		
WATER SYSTEM		TO CONNECT WATER LINES WITH THE COUNTY SYSTEM		
OFFICE EQUIPMENT		COMPUTERS, PRINTERS, PAPER, TONER		
MISCELLANEOUS EQUIPMENT, SUPPLIES, & FURNITURE		PICTURES, ROOM DÉCOR		
Grand Total	\$200,000.00			

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

The public will always have access to this building to conduct health fairs and have access to outreach services provided by Trident United Way, Berkeley County Sheriff's Office, Fetter Healthcare Network, Palmetto Community Action Partnership and local church and community organizations. We will partner with MUSC and other local health care facilities to provide services redients would have to drive at least 50 miles to receive.

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	Organization Certifications
1) Organization hereby gives assurance that no person shall	ll, 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 u	under any program or activity for which this organization is responsible.
Organization certifies that it will provide quarterly spend	ling reports to the Agency Providing Contribution listed above.
3) Organization certifies that it will provide an accounting a	at the end of the fiscal year to the Agency Providing Contribution listed above.
4) Organization certifies that it will allow the State Auditor t	to audit or cause to be audited the contributed funds.
Musine m Gradley	FINANCE CLERK
Organization Signature	Title
(a)	
YVONNE M. BRADLEY	7-Nov-22
Prințed Name	Date
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	ifications of State Agency Providing Contribution
1) State Agency certifies that the planned expenditure align	ns 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 direc	
4) State Agency certifies that it will provide the quarterly sp	pending reports and accounting received from the organization to the Senate Finance Committee, House
Ways and Means Committee, and the Executive Budget Office	ice 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	at it has complied with the requirements of Executive Order 2022-19 by June 30, 2023.
Prine PainL	11/9/2022
Agency Head Signature	Date

Duane Parrish

Printed Name