

State of South Carolina Request for Contribution Distribution

use this form to collect information from the designated organization. The information must be collected from the designated organization before the funds can be 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

350,000	Amount	Total State of State State
J020 - Department of Health and Human Services	State Agency Providing the Contribution	行 は は は は は は は は は は は は は は は は は は は
	Purpose	Contribution Information

	Organization Information
Entity Name	Town of Eastover
Address	624 Main Street
City/State/Zip	Eastover, SC 29044
Website	eastoversc.com
Tax ID#	57-0479594
Entity Type	Municipality

	Organization Contact Information
Contact Name	Contact Name Gearldene Robinson
Position/Title Mayor	Mayor
Telephone	803-353-2281
Email	mayorrobinson@eastoversc.com

Description	Budmat	
	panger	схрівного
National Night Out	\$15,000.0	ofther trans. Supplies Entural ment DJ food Seaton
Annual Christmas Parade	\$15,000.0	Advists s. al. floats, Entrestainment Dr. Prod. ctc.
Annual May Festival and Jam Fest	\$20,000	\$20,000 Adventicing floats Extertainent to had it ate
Grand	Grand Total \$50,000.00	

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

a Healthier Community. These programs are used to enlighten residents about resources in our community, Physical activities, community pride. substance abuses prevention, bicycle and pedestrian safety, and improved quality of life experiences for the Town's residents in unincorporated areas in Richland County, and surrounding areas. The town is developing a new broad initiative for enrichment programming that engages the residents and community to develop a greater appreciation for

Organization Certifications

- otherwise subjected to discrimination under any program or activity for which this organization is responsible. 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
- 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.

Printed Name Organization Signature

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.
- Committee, and the Executive Budget Office by June 30, 2023. 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
- appropriations act of 2022. 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

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.

Date

Agency Mead Signature

Printed Name