

**From:** [\\_STO - Appropriated Contributions](#)  
**To:** [dianna@simpsonville.com](mailto:dianna@simpsonville.com); [cfurino@simpsonville.com](mailto:cfurino@simpsonville.com)  
**Cc:** [\\_STO - Appropriated Contributions](#)  
**Subject:** Quarterly Update Reminder for FY25 Appropriated Earmarks - Proviso 117.21  
**Date:** Thursday, January 2, 2025 6:00:13 PM

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Happy New Year!

This is a reminder about your quarterly update that is due soon. Since this is the first report you will be submitting, please see below for some helpful notes.

Please update and submit the quarterly expenditure report to [STO.Appropriated.Contributions@sto.sc.gov](mailto:STO.Appropriated.Contributions@sto.sc.gov) by the 15<sup>th</sup> of the month following the end of each quarter.

**Q2 (ending 12/31/24) update due date: 1/15/25**

Helpful Notes:

- Contribution Information, Organization Information, Organization Contact Information, and Secondary Organization Contact Information
  - The information in these cells should match what was listed in your approved Disbursement Request form.
  - The contact information should be updated if changes have been made since the Disbursement Request form was submitted.
- Reporting Period
  - Even though this is your first quarterly report due, this is technically the Quarter 2 report.
- Accounting of how the funds have been spent:
  - Description and Budget should match what was provided in your approved Disbursement Request form unless addition detail is needing/able to be provided.
  - Some organization knowing that they will receive the funds within the fiscal year start spending the funds July 1. If that occurred, you would put the expenses that occurred during the July 1 to September 30 time frame in the Quarter 1 column, and the expenses that occurred October 1 to December 31 in Quarter 2 column.
  - If no expenses have occurred since July 1, please put zeros in both Quarter 1 and Quarter 2 columns.
  - If funds are provided to subgrantees and/or affiliated non-profits, a description of how they are sending the funds is required per the proviso.
- Explanation of any unspent funds
  - Only needs to be completed on the Q4 report at the end of each fiscal year.

If you have any questions, please do not hesitate to reach out to me.

-Meg

**Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II**

South Carolina Treasurer's Office

1200 Senate Street, Suite 214

Wade Hampton Bldg., Columbia, SC 29201

803-734-2658 | [STO.Appropriated.Contributions@sto.sc.gov](mailto:STO.Appropriated.Contributions@sto.sc.gov)

**From:** [\\_STO - Appropriated Contributions](#)  
**To:** [dianna@simpsonville.com](mailto:dianna@simpsonville.com); [cfurino@simpsonville.com](mailto:cfurino@simpsonville.com)  
**Cc:** [\\_STO - Appropriated Contributions](#)  
**Subject:** FY25 Appropriated Contributions Payment Confirmation and Quarterly Expenditure Report Information  
**Date:** Thursday, October 24, 2024 5:47:05 PM  
**Attachments:** [Appropriated Grants Letter - City of Simpsonville - Traffic Realignment and Downtown Improvements.pdf](#)  
[Quarterly Expenditure Report Instructions.pdf](#)  
[FY25 Quarterly Expenditure Report template.xlsx](#)

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Hello,

Please see attached for your payment confirmation letter.

I have also included your quarterly expenditure report spreadsheet that you will use as well as instructions.

Below is the schedule of when quarterly reports are due. Your first quarterly reports will be due **January 15, 2025**.

<b>Quarterly Update Schedule</b>				
<b>Time Frame</b>	7/1 - 9/30	10/1 - 12/31	1/1 - 3/31	4/1 - 6/30
<b>Due Date</b>	10/15	1/15	4/15	7/15

\* Quarterly Update requirement continues until all funds have been spent.

Since funds are just being received, your organization may not have any expenditures to report. If that is the case, you will put zeros in the expenditure section with the quarters that had no expenses.

Please note that we must have separate quarterly expenditure reports per appropriation.

If you have any questions or issues with the spreadsheet, please do not hesitate to reach out.

Thank you,

Meg

**Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II**

South Carolina Treasurer's Office

1200 Senate Street, Suite 214

Wade Hampton Bldg., Columbia, SC 29201

803-734-2658 | [STO.Appropriated.Contributions@sto.sc.gov](mailto:STO.Appropriated.Contributions@sto.sc.gov)



**THE HONORABLE CURTIS M. LOFTIS, JR.**

State Treasurer

October 23, 2024

Dianna Gracely and Christine Furino  
City of Simpsonville  
118 NE Main Street  
Simpsonville, South Carolina, 29681

Dear Dianna Gracely and Christine Furino:

Thank you for submitting the required documentation outlined in Budget Proviso 117.21 to receive funds from the Appropriations Act. An ACH payment has been processed for \$1,000,000 representing your organization's appropriated contributions. In accordance with Budget Proviso 117.21, you will now need to submit quarterly updates on funds spent. A schedule has been provided below for your reference. Your first quarterly report will be due January 15, 2025.

<b>Quarterly Update Schedule</b>				
<b>Time Frame</b>	7/1 - 9/30	10/1 - 12/31	1/1 - 3/31	4/1 - 6/30
<b>Due Date</b>	10/15	1/15	4/15	7/15

\* Quarterly Update requirement continues until all funds have been spent.

The template for the quarterly reports is attached. If your organization has multiple appropriated contributions, each contribution will need a quarterly report. All completed reports should be submitted via email to [STO.Appropriated.Contributions@sto.sc.gov](mailto:STO.Appropriated.Contributions@sto.sc.gov).

Should you have any questions, please email me at the address above or call me at (803)734-2658.

Sincerely,

A handwritten signature in blue ink, appearing to read "Meg Romaniello".

Meg Romaniello  
Accounting/Fiscal Manager II



**SOUTH CAROLINA OFFICE OF THE STATE TREASURER  
CONTRIBUTION EXPENDITURE REPORT**

**INSTRUCTIONS**

Below are details about the various sections of the contribution expenditure report that is due quarterly as well as some answers to frequently asked questions.

- Contribution Information
  - This section should match what was listed on the disbursement request form your organization submitted.
  - The State Agency Providing the Contribution should match what is listed in Proviso 118.20.
- Organization Information
  - This section should match what was listed on the disbursement request form your organization submitted.
- Organization Contact Information and Secondary Organization Contact Information
  - This section should match what was listed on the disbursement request form your organization submitted unless the contacts need to be updated.
    - If updates are needed, please provide the new contact information in this section.
- Reporting Period
  - This represents the period that the expenses occurred.
  - Please select an option from the drop-down menu.
- Accounting of how the funds have been spent:
  - Description
    - This section should match what was listed on the disbursement request form your organization submitted unless you are able to provide additional details than what was originally submitted. If detailed information is available, it is preferred.
  - Budget
    - This section should match what was listed on the disbursement request form your organization submitted.
    - Over time, organizations have had to move funds between budget lines due to a change in need for certain areas. This is allowable as long as the total budget matches what was awarded.
  - Expenditures
    - The total amount for each budget line that was spent during the quarter.
    - If no expenses occurred for a specific budget line during a quarter, please put a zero.
      - Blank columns will lead us to believe that your organization still needs to input data.
- Explanation of any unspent funds
  - This section will only need to be completed on the Q4 report each fiscal year until the funds are fully spent.
- Expenditure Certifications
  - The person who signs this section should be the individual that the organization chooses as the certifier that the information provided is accurate.

Completed forms should be emailed directly to [STO.Appropriated.Contributions@sto.sc.gov](mailto:STO.Appropriated.Contributions@sto.sc.gov).

At the end of each fiscal year, after Q4 reports are received, organizations that have funds remaining to be spent will receive an updated template for them to use for the next fiscal year. This updated report will include the balance of what was spent in the previous fiscal year to assist organizations with tracking the remaining balance of their funds.

**SOUTH CAROLINA OFFICE OF THE STATE TREASURER  
CONTRIBUTION EXPENDITURE REPORT**

**INSTRUCTIONS**

Below are details about the various sections of the contribution expenditure report that is due quarterly as well as some answers to frequently asked questions.

- Contribution Information
  - This section should match what was listed on the disbursement request form your organization submitted.
  - The State Agency Providing the Contribution should match what is listed in Proviso 118.20.
- Organization Information
  - This section should match what was listed on the disbursement request form your organization submitted.
- Organization Contact Information and Secondary Organization Contact Information
  - This section should match what was listed on the disbursement request form your organization submitted unless the contacts need to be updated.
    - If updates are needed, please provide the new contact information in this section.
- Reporting Period
  - This represents the period that the expenses occurred.
  - Please select an option from the drop-down menu.
- Accounting of how the funds have been spent:
  - Description
    - This section should match what was listed on the disbursement request form your organization submitted unless you are able to provide additional details than what was originally submitted. If detailed information is available, it is preferred.
  - Budget
    - This section should match what was listed on the disbursement request form your organization submitted.
    - Over time, organizations have had to move funds between budget lines due to a change in need for certain areas. This is allowable as long as the total budget matches what was awarded.
  - Expenditures
    - The total amount for each budget line that was spent during the quarter.
    - If no expenses occurred for a specific budget line during a quarter, please put a zero.
      - Blank columns will lead us to believe that your organization still needs to input data.
- Explanation of any unspent funds
  - This section will only need to be completed on the Q4 report each fiscal year until the funds are fully spent.
- Expenditure Certifications
  - The person who signs this section should be the individual that the organization chooses as the certifier that the information provided is accurate.

[Completed forms should be emailed directly to STO.Appropriated.Contributions@sto.sc.gov.](mailto:STO.Appropriated.Contributions@sto.sc.gov)

At the end of each fiscal year, after Q4 reports are received, organizations that have funds remaining to be spent will receive an updated template for them to use for the next fiscal year. This updated report will include the balance of what was spent in the previous fiscal year to assist organizations with tracking the remaining balance of their funds.



### State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports required by South Carolina in accordance with Proviso 117.21 of the appropriations act and Executive Order 2022-19. This form must be submitted to the state agency that is providing the contribution to the designation organization at the end of year quarter and by June 30, 2024.

Contribution Information		
Amount	State Agency Providing the Contribution	Purpose
	X220 - Aid to Subdivisions - Treasurer	

Organization Information	
Entity Name	
Address	
City/State/Zip	
Website	
Tax ID#	
Entity Type	

Organization Contact Information	
Name	
Position/Title	
Telephone	
Email	
Secondary Organization Contact Information	
Name	
Position/Title	
Telephone	
Email	

Reporting Period	
Reporting Period	

Accounting of how the funds have been spent:								
Description <i>(Attach additional detail for subgrantees and affiliated nonprofits)</i>	Budget	Expenditures					Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4			
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
<b>Grand Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year) :**

**Expenditure Certification**  
 The Organization certifies that the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**From:** [Dianna Gracely](#)  
**To:** [\\_STO - Appropriated Contributions](#)  
**Subject:** [External] City Of Simpsonville - Aid to Subdivisions appropriation FY25  
**Date:** Tuesday, September 17, 2024 8:47:15 AM  
**Attachments:** [Outlook-jcqv0lzn.png](#)  
[Outlook-Ouikaxh4.png](#)  
[Scan to Email\\_20240917\\_075731.pdf](#)

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Hi Meg. Thanks for your patience with me. Here is the signed distribution form.

Dianna



Dianna W. Gracely  
City Administrator  
City of Simpsonville  
118 NE Main Street  
Simpsonville, SC 29681  
864.967.5404



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**From:** scanner@simpsonville.com <scanner@simpsonville.com> on behalf of Scan to Email <scanner@simpsonville.com>  
**Sent:** Tuesday, September 17, 2024 8:57 AM  
**To:** Dianna Gracely <Dianna@Simpsonville.com>  
**Subject:** Scanned image from City Of Simpsonville

Reply to: Scan to Email <scanner@simpsonville.com>  
Device Name: City Of Simpsonville  
Device Model: MX-5050N  
Location: Print Room

File Format: PDF (Medium)  
Resolution: 200dpi x 200dpi

Attached file is scanned image in PDF format.

Use Acrobat(R)Reader(R) or Adobe(R)Reader(R) of Adobe Systems Incorporated to view the document.

Adobe(R)Reader(R) can be downloaded from the following URL:

Adobe, the Adobe logo, Acrobat, the Adobe PDF logo, and Reader are registered trademarks or trademarks of Adobe Systems Incorporated in the United States and other countries.

<http://www.adobe.com/>





### 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 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.

#### Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$1,000,000.00	X220 - Aid to Subdivisions - Treasurer	Traffic realignment/resurfacing and downtown improvements

#### Organization Information

Entity Name	City of Simpsonville
Address	118 NE Main Street
City/State/Zip	Simpsonville, SC 29681
Website	simpsonville.com
Tax ID #	57-6001106
Entity Type	Municipality
Vendor #	7000202157

[Link to Search Vendor Number](#)

#### Organization Contact Information

Contact Name	Dianna Gracely
Position/Title	City Administrator
Telephone	864-967-5404
Email	dianna@simpsonville.com

#### Secondary Organization Contact Information

Name	Christine Furino
Position/Title	Finance Director
Telephone	864-967-9526
Email	cfurino@simpsonville.com

#### Plan/Accounting of how these funds will be spent:

Description	Budget	Explanation
Project Budget includes traffic realignment, stormwater infrastructure, road resurfacing, resurfacing, safety improvements, streetlighting	\$1,000,000.00	This allocation will be combined with other funding sources to achieve the project's completion
<b>Grand Total</b>	<b>\$1,000,000.00</b>	

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

The total project budget for this road improvement and safety project is \$30,000,000. This contribution will be used to achieve the project's completion. The project is currently at DHEC for Stormwater Permitting, and bids will be let in January 2025. The scope of this project is to realign traffic to help alleviate congestion and accidents, with the road having 20,000 cars per day. Road resurfacing, restriping, streetscape improvements, safer crosswalks, two way left turning lane installation, and the addition of approximately 220 streetlights are part of this project. It will help with safety, and also bring economic viability to the community.

#### Organization Certifications

- 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 otherwise subjected to discrimination under any program or activity for which this organization is responsible.
- Organization certifies that it will provide quarterly spending reports to the Agency Providing Contribution listed above.
- Organization certifies that it will provide an accounting at the end of the fiscal year to the Agency Providing Contribution listed above.
- Organization certifies that it will allow the State Auditor to audit or cause to be audited the contributed funds.

*Dianna W. Gracely*  
Organization Signature

City Administrator  
Title

Dianna W. Gracely  
Printed Name

9/13/2024  
Date

#### Certifications of State Agency Providing Contribution

- State Agency certifies that the planned expenditure aligns with the Agency's mission and/or the purpose specified in the appropriations act.
- State Agency certifies that the Organization has set forth a public purpose to be served through receipt of the expenditure.
- State Agency certifies that it will make distributions directly to the organization.
- 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 Committee, and the Executive Budget Office by June 30, 2025.
- 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.
- 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, 2025.

\*

Agency Head Signature

Date

Printed Name

**\*The undersigned is signing on behalf of the Office of the State Treasurer (STO) and the State Treasurer. Note that STO is not an agency as defined by Executive Order 2022-19 and therefore, is not subject to the requirements therein.**

This packet has been reviewed and is ready for approval and payment.

Reviewed by: \_\_\_\_\_  
Reviewed by: \_\_\_\_\_

**From:** [\\_STO - Appropriated Contributions](#)  
**To:** [Dianna Gracely](#)  
**Cc:** [\\_STO - Appropriated Contributions](#)  
**Subject:** RE: [External] City of Simpsonville State Allocation  
**Date:** Monday, September 16, 2024 5:01:50 PM  
**Attachments:** [image003.png](#)  
[image004.png](#)

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No worries. I completely understand that it can be a bit confusing. I'm just glad I can help.

Everything looks good at the quick glance I did. All it needs now is your signature.

-Meg

**Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II**

South Carolina Treasurer's Office  
1200 Senate Street, Suite 214  
Wade Hampton Bldg., Columbia, SC 29201  
803-734-2658 | [Meg.Romaniello@sto.sc.gov](mailto:Meg.Romaniello@sto.sc.gov)

---

**From:** Dianna Gracely <[Dianna@Simpsonville.com](mailto:Dianna@Simpsonville.com)>  
**Sent:** Monday, September 16, 2024 4:52 PM  
**To:** \_STO - Appropriated Contributions <[STO.Appropriated.Contributions@sto.sc.gov](mailto:STO.Appropriated.Contributions@sto.sc.gov)>  
**Subject:** [External] City of Simpsonville State Allocation

Thank you so much, Meg. Sorry for the confusion and creating additional work for you. I truly appreciate your help.

Dianna



Dianna W. Gracely  
City Administrator  
City of Simpsonville  
118 NE Main Street  
Simpsonville, SC 29681

864.967.5404





**From:** [Dianna Gracely](#)  
**To:** [\\_STO - Appropriated Contributions](#)  
**Subject:** [External] City of Simpsonville State Allocation  
**Date:** Monday, September 16, 2024 4:52:26 PM  
**Attachments:** [Outlook-mfv5ytl2.png](#)  
[Outlook-scq2nskr.png](#)  
[State Budget Allocation Paperwork.xlsx](#)

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Thank you so much, Meg. Sorry for the confusion and creating additional work for you. I truly appreciate your help.

Dianna



Dianna W. Gracely  
City Administrator  
City of Simpsonville  
118 NE Main Street  
Simpsonville, SC 29681  
864.967.5404





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 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.

Table with 3 columns: Amount, State Agency Providing the Contribution, Purpose. Row 1: \$1,000,000.00, X220 - Aid to Subdivisions - Treasurer, Traffic realignment/resurfacing and downtown improvements

Organization Information table with fields: Entity Name, Address, City/State/Zip, Website, Tax ID #, Entity Type, Vendor #

Link to Search Vendor Number

Organization Contact Information and Secondary Organization Contact Information tables with fields: Contact Name, Position/Title, Telephone, Email

Plan/Accounting of how these funds will be spent table with columns: Description, Budget, Explanation. Includes Grand Total row.

Please explain how these funds will be used to provide a public benefit: The total project budget for this road improvement and safety project is \$30,000,000. This contribution will be used to achieve the project's completion. The project is currently at DHEC for Stormwater Permitting, and bids will be let in January 2025.

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

Organization Signature: Dianna W. Gracely
City Administrator Title: \_\_\_\_\_
Date: 9/13/2024

- 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.

Agency Head Signature: \_\_\_\_\_
Date: \_\_\_\_\_
Printed Name: \_\_\_\_\_

\*The undersigned is signing on behalf of the Office of the State Treasurer (STO) and the State Treasurer. Note that STO is not an agency as defined by Executive Order 2022-19 and therefore, is not subject to the requirements therein.

This packet has been reviewed and is ready for approval and payment.
Reviewed by: \_\_\_\_\_
Reviewed by: \_\_\_\_\_

**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.

<b>Members of Your Organization's Governing Board</b>	
<b>Name</b>	<b>Board Position, if applicable</b>

<b>Your Organization's Executive Officer</b>	
<b>Name</b>	<b>Title</b>

**From:** [\\_STO - Appropriated Contributions](#)  
**To:** [Dianna Gracely](#)  
**Cc:** [\\_STO - Appropriated Contributions](#)  
**Subject:** RE: [External] City Of Simpsonville Request for Contribution Distribution  
**Date:** Monday, September 16, 2024 4:47:09 PM  
**Attachments:** [image007.png](#)  
[image009.png](#)  
[image010.png](#)  
[image003.png](#)

Hi Dianna,

No worries. I have had to remind a few organizations about that box.

The other two areas are applicable.

Typically the secondary contact is someone in the finance department if there is not another person directly working on the project. I would recommend Christine Furino or someone else in her division. The secondary contact is needed in case we are unable to get into contact with you. We have had issues with organizations in the past when we only had one contact and now, we make it a requirement to have at least two contacts from the organization.

Vendor numbers are how state agencies are able to pay vendors/organizations. I looked up your vendor number using for tax id, and your vendor number is 7000202157.

**South Carolina State Procurement**  
CITY OF SIMPSONVILLE (SC Vendor Number: 7000202157)

Company	Contact	Emergency	Commodities	Contracts	Related
<b>Company Identification...</b>		<b>Company Address...</b>			
Vendor Number: 7000202157		Outside of U.S.? No			
Name: CITY OF SIMPSONVILLE		Street Address: 118 NE MAIN STREET			
Minority Status:		City: SIMPSONVILLE			
Company Phone: (864) 967-9626		State: South Carolina			
Company Fax: (864) 967-9630		Zip Code: 29681			
		PO Box:			
		PO Box Zip:			
<input type="button" value="Return"/>					

-Meg

**Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II**

South Carolina Treasurer's Office  
 1200 Senate Street, Suite 214  
 Wade Hampton Bldg., Columbia, SC 29201  
 803-734-2658 | [Meg.Romaniello@sto.sc.gov](mailto:Meg.Romaniello@sto.sc.gov)

**From:** Dianna Gracely <[Dianna@Simpsonville.com](mailto:Dianna@Simpsonville.com)>  
**Sent:** Monday, September 16, 2024 4:19 PM  
**To:** [\\_STO - Appropriated Contributions](#) <[\\_STO.Appropriated.Contributions@sto.sc.gov](mailto:_STO.Appropriated.Contributions@sto.sc.gov)>  
**Subject:** RE: [External] City Of Simpsonville Request for Contribution Distribution

Hi Meg. Sorry, I totally didn't see the box for the amount. The other two are not applicable. There is no secondary agency, and the information said that local government agencies don't have a vendor number. Please advise back on that and then I'll revise the form with the amount and send it back.

Dianna

**From:** [\\_STO - Appropriated Contributions](#) <[\\_STO.Appropriated.Contributions@sto.sc.gov](mailto:_STO.Appropriated.Contributions@sto.sc.gov)>  
**Sent:** Monday, September 16, 2024 3:44 PM  
**To:** Dianna Gracely <[Dianna@Simpsonville.com](mailto:Dianna@Simpsonville.com)>  
**Cc:** [\\_STO - Appropriated Contributions](#) <[\\_STO.Appropriated.Contributions@sto.sc.gov](mailto:_STO.Appropriated.Contributions@sto.sc.gov)>  
**Subject:** RE: [External] City Of Simpsonville Request for Contribution Distribution

Hi Dianna,

It appears that there were some areas left blank on your submission. Please update and resubmit. Based on the information you provided, your vendor number is 7000202157.

If you have any questions, please let me know.

Contribution Information		
Amount	State Agency Providing the Contribution	Purpose
	X220 - Aid to Subdivisions - Treasurer	Traffic realignment/resurfacing and downtown improvements

  

Organization Information	
Entity Name	City of Simpsonville
Address	118 NE Main Street
City/State/Zip	Simpsonville, SC 29681
Website	<a href="http://simpsonville.com">simpsonville.com</a>
Tax ID #	57-6001106
Entity Type	Municipality
Vendor #	not applicable

[Link to Search Vendor Number](#)

Organization Contact Information	
Contact Name	Dianna Gracely
Position/Title	City Administrator
Telephone	864-967-5404
Email	<a href="mailto:dianna@simpsonville.com">dianna@simpsonville.com</a>
Secondary Organization Contact Information	
Name	not applicable
Position/Title	
Telephone	
Email	

-Meg

**Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II**

South Carolina Treasurer's Office  
1200 Senate Street, Suite 214  
Wade Hampton Bldg., Columbia, SC 29201  
[803-734-2658](tel:803-734-2658) | [Meg.Romaniello@sto.sc.gov](mailto:Meg.Romaniello@sto.sc.gov)

---

**From:** Dianna Gracely <[Dianna@Simpsonville.com](mailto:Dianna@Simpsonville.com)>  
**Sent:** Friday, September 13, 2024 4:11 PM  
**To:** \_STO - Appropriated Contributions <[STO.Appropriated.Contributions@sto.sc.gov](mailto:STO.Appropriated.Contributions@sto.sc.gov)>  
**Subject:** [External] City Of Simpsonville Request for Contribution Distribution

Please see attached Request for Contribution Distribution from the City of Simpsonville for funds allocated in the State's FY25 Budget.

Thank you, and please advise if there are questions or additional information needed.

Sincerely,



Dianna W. Gracely  
City Administrator  
City of Simpsonville  
118 NE Main Street  
Simpsonville, SC 29681  
864.967.5404



---

**From:** [scanner@simpsonville.com](mailto:scanner@simpsonville.com) <[scanner@simpsonville.com](mailto:scanner@simpsonville.com)> on behalf of Scan to Email <[scanner@simpsonville.com](mailto:scanner@simpsonville.com)>  
**Sent:** Friday, September 13, 2024 4:22 PM  
**To:** Dianna Gracely <[Dianna@Simpsonville.com](mailto:Dianna@Simpsonville.com)>  
**Subject:** Scanned image from City Of Simpsonville

Reply to: Scan to Email <[scanner@simpsonville.com](mailto:scanner@simpsonville.com)>

Device Name: City Of Simpsonville  
Device Model: MX-5050N  
Location: Print Room

File Format: PDF (Medium)  
Resolution: 200dpi x 200dpi

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<http://www.adobe.com/>

**From:** [Dianna Gracely](#)  
**To:** [\\_STO - Appropriated Contributions](#)  
**Subject:** RE: [External] City Of Simpsonville Request for Contribution Distribution  
**Date:** Monday, September 16, 2024 4:18:53 PM  
**Attachments:** [image001.png](#)  
[image004.png](#)  
[image005.png](#)

Hi Meg. Sorry, I totally didn't see the box for the amount. The other two are not applicable. There is no secondary agency, and the information said that local government agencies don't have a vendor number. Please advise back on that and then I'll revise the form with the amount and send it back.

Dianna

**From:** \_STO - Appropriated Contributions <[STO.Appropriated.Contributions@sto.sc.gov](mailto:STO.Appropriated.Contributions@sto.sc.gov)>  
**Sent:** Monday, September 16, 2024 3:44 PM  
**To:** Dianna Gracely <[Dianna@Simpsonville.com](mailto:Dianna@Simpsonville.com)>  
**Cc:** \_STO - Appropriated Contributions <[STO.Appropriated.Contributions@sto.sc.gov](mailto:STO.Appropriated.Contributions@sto.sc.gov)>  
**Subject:** RE: [External] City Of Simpsonville Request for Contribution Distribution

Hi Dianna,

It appears that there were some areas left blank on your submission. Please update and resubmit. Based on the information you provided, your vendor number is 7000202157.

If you have any questions, please let me know.

Contribution Information		
Amount	State Agency Providing the Contribution	Purpose
X220	Aid to Subdivisions - Treasurer	Traffic realignment/resurfacing and downtown improvements

  

Organization Information	
Entity Name	City of Simpsonville
Address	118 NE Main Street
City/State/Zip	Simpsonville, SC 29681
Website	<a href="http://simpsonville.com">simpsonville.com</a>
Tax ID #	57-6001106
Entity Type	Municipality
Vendor #	not applicable

[Link to Search Vendor Number](#)

Organization Contact Information	
Contact Name	Dianna Gracely
Position/Title	City Administrator
Telephone	864-967-5404
Email	<a href="mailto:dianna@simpsonville.com">dianna@simpsonville.com</a>
Secondary Organization Contact Information	
Name	not applicable
Position/Title	
Telephone	
Email	

-Meg



**Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II**

South Carolina Treasurer's Office  
 1200 Senate Street, Suite 214  
 Wade Hampton Bldg., Columbia, SC 29201

803-734-2658 | [Meg.Romaniello@sto.sc.gov](mailto:Meg.Romaniello@sto.sc.gov)

**From:** Dianna Gracely <[Dianna@Simpsonville.com](mailto:Dianna@Simpsonville.com)>  
**Sent:** Friday, September 13, 2024 4:11 PM  
**To:** \_STO - Appropriated Contributions <[STO.Appropriated.Contributions@sto.sc.gov](mailto:STO.Appropriated.Contributions@sto.sc.gov)>  
**Subject:** [External] City Of Simpsonville Request for Contribution Distribution

Please see attached Request for Contribution Distribution from the City of Simpsonville for funds allocated in the State's FY25 Budget.

Thank you, and please advise if there are questions or additional information needed.

Sincerely,



Dianna W. Gracely  
 City Administrator  
 City of Simpsonville  
 118 NE Main Street  
 Simpsonville, SC 29681  
 864.967.5404



**From:** [scanner@simpsonville.com](mailto:scanner@simpsonville.com) <[scanner@simpsonville.com](mailto:scanner@simpsonville.com)> on behalf of Scan to Email <[scanner@simpsonville.com](mailto:scanner@simpsonville.com)>  
**Sent:** Friday, September 13, 2024 4:22 PM  
**To:** Dianna Gracely <[Dianna@Simpsonville.com](mailto:Dianna@Simpsonville.com)>  
**Subject:** Scanned image from City Of Simpsonville

Reply to: Scan to Email <[scanner@simpsonville.com](mailto:scanner@simpsonville.com)>

Device Name: City Of Simpsonville  
Device Model: MX-5050N  
Location: Print Room

File Format: PDF (Medium)  
Resolution: 200dpi x 200dpi

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<http://www.adobe.com/>

**From:** [\\_STO - Appropriated Contributions](#)  
**To:** [Dianna Gracely](#)  
**Cc:** [\\_STO - Appropriated Contributions](#)  
**Subject:** RE: [External] City Of Simpsonville Request for Contribution Distribution  
**Date:** Monday, September 16, 2024 3:44:07 PM  
**Attachments:** [image001.png](#)  
[image004.png](#)  
[image005.png](#)

Hi Dianna,

It appears that there were some areas left blank on your submission. Please update and resubmit. Based on the information you provided, your vendor number is 7000202157.

If you have any questions, please let me know.

Contribution Information		
Amount	State Agency Providing the Contribution	Purpose
	X220 - Aid to Subdivisions - Treasurer	Traffic realignment/resurfacing and downtown improvements

  

Organization Information	
Entity Name	City of Simpsonville
Address	118 NE Main Street
City/State/Zip	Simpsonville, SC 29681
Website	<a href="#">simpsonville.com</a>
Tax ID #	57-6001106
Entity Type	Municipality
Vendor #	not applicable

[Link to Search Vendor Number](#)

Organization Contact Information	
Contact Name	Dianna Gracely
Position/Title	City Administrator
Telephone	864-967-5404
Email	<a href="mailto:dianna@simpsonville.com">dianna@simpsonville.com</a>

Secondary Organization Contact Information	
Name	not applicable
Position/Title	
Telephone	
Email	

-Meg

**Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II**

South Carolina Treasurer's Office  
 1200 Senate Street, Suite 214  
 Wade Hampton Bldg., Columbia, SC 29201  
 803-734-2658 | [Meg.Romaniello@sto.sc.gov](mailto:Meg.Romaniello@sto.sc.gov)

**From:** Dianna Gracely <[Dianna@Simpsonville.com](mailto:Dianna@Simpsonville.com)>  
**Sent:** Friday, September 13, 2024 4:11 PM  
**To:** \_STO - Appropriated Contributions <[\\_STO.Appropriated.Contributions@sto.sc.gov](mailto:_STO.Appropriated.Contributions@sto.sc.gov)>  
**Subject:** [External] City Of Simpsonville Request for Contribution Distribution

Please see attached Request for Contribution Distribution from the City of Simpsonville for funds allocated in the State's FY25 Budget.

Thank you, and please advise if there are questions or additional information needed.

Sincerely,



Dianna W. Gracely  
 City Administrator  
 City of Simpsonville  
 118 NE Main Street  
 Simpsonville, SC 29681  
 864.967.5404



**From:** [scanner@simpsonville.com](mailto:scanner@simpsonville.com) <[scanner@simpsonville.com](mailto:scanner@simpsonville.com)> on behalf of Scan to Email <[scanner@simpsonville.com](mailto:scanner@simpsonville.com)>  
**Sent:** Friday, September 13, 2024 4:22 PM  
**To:** Dianna Gracely <[Dianna@Simpsonville.com](mailto:Dianna@Simpsonville.com)>  
**Subject:** Scanned image from City Of Simpsonville

Reply to: Scan to Email <[scanner@simpsonville.com](mailto:scanner@simpsonville.com)>

Device Name: City Of Simpsonville  
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<http://www.adobe.com/>

**From:** [Dianna Gracely](#)  
**To:** [\\_STO - Appropriated Contributions](#)  
**Subject:** [External] City Of Simpsonville Request for Contribution Distribution  
**Date:** Friday, September 13, 2024 4:11:37 PM  
**Attachments:** [Outlook-c5nu15dk.png](#)  
[Outlook-daufk3ug.png](#)  
[Scan to Email\\_20240913\\_152255.pdf](#)

---

Please see attached Request for Contribution Distribution from the City of Simpsonville for funds allocated in the State's FY25 Budget.

Thank you, and please advise if there are questions or additional information needed.

Sincerely,



Dianna W. Gracely  
City Administrator  
City of Simpsonville  
118 NE Main Street  
Simpsonville, SC 29681  
864.967.5404



---

**From:** scanner@simpsonville.com <scanner@simpsonville.com> on behalf of Scan to Email <scanner@simpsonville.com>  
**Sent:** Friday, September 13, 2024 4:22 PM  
**To:** Dianna Gracely <Dianna@Simpsonville.com>  
**Subject:** Scanned image from City Of Simpsonville

Reply to: Scan to Email <scanner@simpsonville.com>  
Device Name: City Of Simpsonville  
Device Model: MX-5050N  
Location: Print Room

File Format: PDF (Medium)  
Resolution: 200dpi x 200dpi

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<http://www.adobe.com/>



### 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 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.

#### Contribution Information

Amount	State Agency Providing the Contribution	Purpose
	X220 - Aid to Subdivisions - Treasurer	Traffic realignment/resurfacing and downtown improvements

#### Organization Information

Entity Name	City of Simpsonville
Address	118 NE Main Street
City/State/Zip	Simpsonville, SC 29681
Website	simpsonville.com
Tax ID #	57-6001106
Entity Type	Municipality
Vendor #	not applicable

[Link to Search Vendor Number](#)

#### Organization Contact Information

Contact Name	Dianna Gracely
Position/Title	City Administrator
Telephone	864-967-5404
Email	dianna@simpsonville.com

#### Secondary Organization Contact Information

Name	not applicable
Position/Title	
Telephone	
Email	

#### Plan/Accounting of how these funds will be spent:

Description	Budget	Explanation
Project Budget includes traffic realignment, stormwater infrastructure, road resurfacing, resurfacing, safety improvements, streetlighting	\$1,000,000.00	This allocation will be combined with other funding sources to achieve the project's completion
<b>Grand Total</b>	<b>\$1,000,000.00</b>	

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

The total project budget for this road improvement and safety project is \$30,000,000. This contribution will be used to achieve the project's completion. The project is currently at DHEC for Stormwater Permitting, and bids will be let in January 2025. The scope of this project is to realign traffic to help alleviate congestion and accidents, with the road having 20,000 cars per day. Road resurfacing, restriping, streetscape improvements, safer crosswalks, two way left turning lane installation, and the addition of approximately 220 streetlights are part of this project. It will help with safety, and also bring economic viability to the community.

#### Organization Certifications

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

*Dianna W. Gracely*  
Organization Signature

City Administrator  
Title

Dianna W. Gracely  
Printed Name

9/13/2024  
Date

#### 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.
- 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.
- 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 Committee, and the Executive Budget Office by June 30, 2025.
- 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.
- 6) 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, 2025.

\*

Agency Head Signature

Date

Printed Name

**\*The undersigned is signing on behalf of the Office of the State Treasurer (STO) and the State Treasurer. Note that STO is not an agency as defined by Executive Order 2022-19 and therefore, is not subject to the requirements therein.**

This packet has been reviewed and is ready for approval and payment.

Reviewed by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

**From:** [\\_STO - Appropriated Contributions](#)  
**To:** [dianna@simpsonville.com](mailto:dianna@simpsonville.com)  
**Cc:** [\\_STO - Appropriated Contributions](#)  
**Subject:** FY25 Appropriated Contributions Enrollment Packet  
**Date:** Wednesday, September 11, 2024 11:56:17 AM  
**Attachments:** [STO Appropriated Funds Cover Letter - City of Simpsonville - Traffic Realignment and Downtown Improvements.pdf](#)  
[FY25 Earmarked Appropriations Disbursement Request form update.xlsx](#)

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Hello,

The State of South Carolina Fiscal Year 2024-2025 Appropriations Act provides the revenue for State government to meet its budgetary expenses. This year's Act included allocations to the Office of the State Treasurer (STO) reserved as one-time appropriations for contributions to outside organizations. Your organization was selected as one of those outside organizations. I have attached 2 files as part of your enrollment packet. Please read the Appropriated Funds Cover Letter first. There you will find important information regarding FY 2024-2025 reporting requirements and guidance on how to complete the Earmarked Appropriations Disbursement Request form. In order for funds to be disbursed to your organization, you will not only need to submit the Earmarked Appropriations Disbursement Request form but also be registered with the Secretary of State's ("SOS") Office and as a vendor with the State of South Carolina. Details on how to register with the SOS and as a vendor will be included in the attached letter. The registration with the SOS is required per Proviso 118.20.D, but it does not apply to governmental entities or entities created by statute. All completed forms should be submitted to the STO - Appropriated Contributions email address listed below.

[STO.Appropriated.Contributions@sto.sc.gov](mailto:STO.Appropriated.Contributions@sto.sc.gov)

In accordance with Executive Order 2022-19, STO is required to promptly make available for public review and inspection on our website any and all reports, accountings, forms, updates, communications, or other materials required by Proviso 117.21. Below is the link to where the information will be available on our website.

<https://treasurer.sc.gov/about-us/transparency/earmark-transparency/>

If you have any questions, please do not hesitate to contact us.

Thank you,

-Meg

**Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II**

South Carolina Treasurer's Office  
1200 Senate Street, Suite 214  
Wade Hampton Bldg., Columbia, SC 29201  
803-734-2658 | [Meg.Romaniello@sto.sc.gov](mailto:Meg.Romaniello@sto.sc.gov)



September 10, 2024

Dianna Gracely  
City of Simpsonville  
118 NE Main Street  
Simpsonville, South Carolina, 29681

RE: State Appropriated Contributions, FY 24-25 Reporting Requirements

Dear Dianna Gracely:

The State of South Carolina Fiscal Year 2024-2025 Appropriations Act provides the revenue for State government to meet its budgetary expenses. This year's Act included allocations to the Office of the State Treasurer (STO) reserved as one-time appropriations for contributions to outside organizations. The amount below indicates the funds which have been allotted in our agency's budget for your organization.

<u>Organization receiving appropriated funds:</u>	<u>Amount</u>
City of Simpsonville - Traffic Realignment and Downtown Improvements	\$1,000,000.00

Budget Proviso 117.21 outlines reporting requirements for recipients of appropriated contributions. In addition, please note that Section 11-9-110 of the South Carolina Code requires that you agree to be audited by the State Auditor. (A copy of these applicable laws is attached for your convenience.)

Please see enclosed Excel workbook for data we must collect to be able to disburse these funds. This initial report, along with other information as detailed within the instructions, must be submitted in electronic format to STO prior to funds being dispersed. After the funds have been dispersed, you must complete quarterly spending reports until funds are fully expended. The quarterly report template will be provided at a future date. Your submissions will be forwarded to the Chairman of the Senate Finance Committee, the Chairman of the House Ways and Means Committee, and the Executive Budget Office by the STO. Per Governor McMaster's Executive Order 2022-19, any and all reports, accountings, forms, updates, communications, or other materials required by Proviso 117.21 will be made available for public review and inspection on the STO website.

Please note that to be paid by the State of South Carolina, you must be a registered vendor of the State. If you are not already a registered vendor, please see <https://procurement.sc.gov/doing-biz/registration> to complete this required task. Once registered, please ensure you include your State of SC vendor number on the enclosed Earmarked Appropriations Disbursement Request form when you return it to the STO.

In accordance with Proviso 118.20.D, funds shall not be disbursed until verification that receiver's organization is registered as a business, nonprofit, or charitable organization with the South Carolina Secretary of State's office (SOS). This requirement does not apply to governmental entities or entities created by statute. If your organization has not registered or obtained an exemption from the SC SOS's office, please follow the link below to complete registration or to request a registration exemption.

[Before You File Online | SC Secretary of State](#)

Should you have any questions or concerns, please do not hesitate to email the Division of Treasury Management at [STO.Appropriated.Contributions@sto.sc.gov](mailto:STO.Appropriated.Contributions@sto.sc.gov). We look forward to working with you.

Sincerely,

**Meg Romaniello | Accounting/Fiscal Manager II**  
South Carolina Treasurer's Office  
1200 Senate Street, Suite 214  
Wade Hampton Office Building  
Columbia, SC 29201



**SOUTH CAROLINA OFFICE OF THE STATE TREASURER  
APPROPRIATED CONTRIBUTIONS REPORTING REQUIREMENTS**

**INSTRUCTIONS**

The South Carolina General Assembly tasked the South Carolina Office of State Treasurer (STO) with distributing appropriated contributions to your organization. State Budget Proviso 117.21 mandates that each organization receiving a contribution render to the state agency making the contribution specific information.

The information collection process will take place in multiple parts, Earmarked Appropriations Disbursement Request form and Quarterly Expenditure Reports. All responses submitted by your organization should be provided to the STO via [STO.Appropriated.Contributions@sto.sc.gov](mailto:STO.Appropriated.Contributions@sto.sc.gov). If your organization was appropriated contributions for more than one purpose, please complete **separate** forms and reports for **each project**.

The Earmarked Appropriations Disbursement Request form is due to STO prior to funds being dispersed.

The Quarterly Expenditure Reports are due to STO every quarter after receiving the funds. Should the initiative continue beyond June 30, 2025, the organization must continue to provide a quarterly report until completion.

<b>Quarterly Update Schedule</b>				
<b>Time Frame</b>	7/1 - 9/30	10/1 - 12/31	1/1 - 3/31	4/1 - 6/30
<b>Due Date</b>	10/15	1/15	4/15	7/15

All responses should reflect the actual expenditures made by the organization as compared to the appropriated funds provided by STO.

**Applicable Law on Reporting Responsibilities**

*(For additional information, see the document entitled, Law Related to Appropriated Contributions)*

Proviso 117.21 requires the following:

- The funds appropriated in this act for contributions ***shall not be disbursed*** until a plan of how the state funds will be spent and how the expenditures will provide a public benefit are filed with the appropriate state agency.
- No funds in this act shall be disbursed to organizations or purposes which practice discrimination against persons by virtue of race, creed, color or national origin.
- After receiving the funds, organizations shall provide quarterly spending updates to the respective state agency.
- After all state funds have been expended, each organization shall provide an accounting of how the funds were spent, ***including an accounting of funds provided to subgrantees and affiliated non-profits.***
- State agencies receiving such data from organizations shall forward the information to the Executive Budget Office, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee.



# SOUTH CAROLINA OFFICE OF THE STATE TREASURER REQUEST FOR CONTRIBUTION DISTRIBUTION

## INSTRUCTIONS

Below are details about the various sections of the disbursement request form and some answers to frequently asked questions.

- Contribution Information
  - Amount
    - This amount should match the amount awarded in Proviso 118.20.B.99.
  - Purpose
    - This should be a very brief explanation (no more than one sentence) of the purpose the funds will be used for.
- Organization Information
  - Website
    - If you do not have a website, please leave blank.
  - Entity Type
    - Please select one of the options from the drop down rather than typing in this cell.
  - Vendor Number
    - If you do not know your vendor number, please use the following link to search for it: <https://webprod.cio.sc.gov/SCVendorSearch/vendorSearch.do>
    - If you do not have a vendor number, please use the following link: <https://procurement.sc.gov/doing-biz/registration>
      - For vendor registration questions and assistance contact the Division of Procurement Services at 803-737-0600.
- Organization Contact Information and Secondary Organization Contact Information
  - Two contacts are required.
  - An email address for both contacts is also required.
- Plan/Accounting of how these funds will be spent.
  - Description
    - Expenditure descriptions similar to those used in your organization's accounting records should be used.
  - Budget
    - It is normal for these to be estimates since many organizations are not certain the exact amounts needed for each line item at the start of their projects.
    - The total should match the amount listed in the contribution information.
    - Even if the total to complete the project is more than what has been awarded, please only list what the awarded funds will be used toward.
  - Explanation
    - When applicable, can be used to provide additional information to categorize expenditures by program or initiative.
- Please explain how these funds will be used to provide a public benefit.
  - Explanations typically do not go over the space provided, but if needed, please email [STO.Appropriated.Contributions@sto.sc.gov](mailto:STO.Appropriated.Contributions@sto.sc.gov).
- Organization Certifications
  - The signer for the organization can be whomever the organization chooses to sign. The proviso does not state who the organization's signer has to be.
- Certifications of State Agency Providing Contribution
  - Please leave blank. This section is to be completed by STO.
- Governing Board and Executive Tab
  - Only needs to be completed by Non-profit Organizations.
  - If additional lines are needed, please email [STO.Appropriated.Contributions@sto.sc.gov](mailto:STO.Appropriated.Contributions@sto.sc.gov).

## **Law Related to Appropriated Contributions**

### **Proviso 117.21. GP: Organizations Receiving State Appropriations Report**

Each state agency receiving funds that are a direct appropriation to a non-profit organization, prior to disbursing the funds, shall require from each recipient organization:

1. a plan of how the state funds will be spent and
2. how the expenditures will provide a public benefit.

The Executive Budget Office, Department of Administration shall provide each state agency with a standard form for collecting the information required.

**After receiving the funds**, non-profit organizations shall provide **quarterly** spending updates to the respective state agency.

**After all state funds have been expended**, each organization shall provide an accounting of how the funds were spent, including an accounting of funds provided to subgrantees and affiliated non-profits.

State agencies receiving funds pursuant to this provision shall report the information collected to the Executive Budget Office, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee by **June 30th**.

No funds in this act shall be disbursed to organizations or purposes which practice discrimination against persons by virtue of race, creed, color or national origin.

### **Executive Order No. 2022-19 Section 1. C.**

I hereby order and direct, pursuant to article IV, section 17 of the South Carolina Constitution and sections 1-1-840 and 1-3-10 of the South Carolina Code of Laws, that any Executive Branch agency or department, as further defined herein, that receives earmarked appropriations, as further defined herein, in the annual Appropriations Act shall promptly make available for public review and inspection on the agency or department's website any and all reports, accountings, forms, updates, communications, or other materials required by Proviso 117.21.

### **SECTION 11-9-110. Organization to which contribution is appropriated to submit statement to Executive Budget Office and the Revenue and Fiscal Affairs Office as to nature and function of organization and use of contribution.**

Each organization to which a contribution is made in the contributions section of the general appropriation bill shall submit to the Executive Budget Office and the Revenue and Fiscal Affairs Office by the end of the applicable fiscal year a detailed statement explaining the nature and function of the organization as well as a detailed statement explaining the use that was made of the contribution. The statements must be available at the office of the Executive Budget Office and the Revenue and Fiscal Affairs Office for public inspection and given to a member of the General Assembly upon request.

A contribution must not be made to an organization until it agrees in writing to allow the State Auditor to audit or cause to be audited the contributed funds.



### 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 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.

Contribution Information		
Amount	State Agency Providing the Contribution	Purpose
	X220 - Aid to Subdivisions - Treasurer	

Organization Information	
Entity Name	
Address	
City/State/Zip	
Website	
Tax ID #	
Entity Type	
Vendor #	

[Link to Search Vendor Number](#)

Organization Contact Information	
Contact Name	
Position/Title	
Telephone	
Email	

  

Secondary Organization Contact Information	
Name	
Position/Title	
Telephone	
Email	

Plan/Accounting of how these funds will be spent:		
Description	Budget	Explanation
<b>Grand Total</b>	<b>\$0.00</b>	

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

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

\_\_\_\_\_  
Organization Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

- 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.
  - 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.
  - 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 Committee, and the Executive Budget Office by June 30, 2025.
  - 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.
  - 6) 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, 2025.

\*

\_\_\_\_\_  
Agency Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**\*The undersigned is signing on behalf of the Office of the State Treasurer (STO) and the State Treasurer. Note that STO is not an agency as defined by Executive Order 2022-19 and therefore, is not subject to the requirements therein.**

This packet has been reviewed and is ready for approval and payment.

Reviewed by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

