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

<u>STO.Appropriated.Contributions@sto.sc.gov</u> 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 | <u>STO.Appropriated.Contributions@sto.sc.gov</u>

From:	STO - Appropriated Contributions	
To:	<u>mayor@townofnorth-sc.gov; "admin@townofnorth-sc.gov"</u>	
Cc:	STO - Appropriated Contributions	
Subject:	FY25 Appropriated Contributions Payment Confirmation and Quarterly Expenditure Report Information	
Date:	Wednesday, December 18, 2024 2:40:16 PM	
Attachments:	Appropriated Grants Letter - Town of North - Parks and Recreation Facilities.pdf	
	Quarterly Expenditure Report Instructions.pdf	
	FY25 Quarterly Expenditure Report_template.xlsx	

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 report will be due **January 15, 2025**.

Quarterly Update Schedule					
Time Frame	7/1 - 9/30	10/1 - 12/31	1/1 - 3/31	4/1 - 6/30	
Due Date	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 <u>STO.Appropriated.Contributions@sto.sc.gov</u>



December 18, 2024

Jeffrey Washington and Lisa Moreno Town of North 9305 North Road North, South Carolina 29112

Dear Jeffrey Washington and Lisa Moreno:

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 \$75,000 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.

Quarterly Update Schedule				
Time Frame	7/1 - 9/30	10/1 - 12/31	1/1 - 3/31	4/1 - 6/30
Due Date	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 <u>STO.Appropriated.Contributions@sto.sc.gov</u>.

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

Sincerely,

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.
    - o 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.
    - o 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.

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 remining 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
  - o This section should match what was listed on the disbursement request form your organization submitted.
  - o The State Agency Providing the Contribution should match what is listed in Proviso 118.20.
- Organization Information
- o 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.
  - o 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.
    - o 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.
- o 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
- o 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.

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 remining 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, 2025.

		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				Expenditures			
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
						\$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
Grand Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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

From:	Imoreno@townofnorth-sc.gov
To:	STO - Appropriated Contributions
Cc:	jeffwashington1956@gmail.com
Subject:	RE: [External] State of South Carolina Request for Contribution Distribution
Date:	Thursday, October 31, 2024 12:29:52 PM
Duto.	110/3003, 00/0001 01, 2024 12.27.021W

HELLO,

Yes, P.O. Box 399, North, SC 29112 is a good address and our preferred mailing address.

Kind Regards, isa Moreno/Town Clerk FROM THE OFFICE OF MAYOR WASHINGTON Town of North 9305 North Road PO Box 399 North, SC 29112 803-247-2101 OPTION 1 803-247-3351 Fax

 From: \_STO - Appropriated Contributions <STO.Appropriated.Contributions@sto.sc.gov>

 Sent: Thursday, October 31, 2024 12:06 PM

 To: 'Imoreno@townofnorth-sc.gov' 

 Cc: jeffwashington1956@gmail.com; \_STO - Appropriated Contributions 

 Subject: RE: [External] State of South Carolina Request for Contribution Distribution

#### Thank you, Lisa!

To update the information for the vendor number, you will need to use the link below. If you have any questions about that process, please call the Division of Procurement Services at 803-737-0600.

https://procurement.sc.gov/doing-biz/registration

If the PO Box is correct for you all, I can move forward with reviewing the document for payment. I will just notate it on the request form about the PO Box. Just let me know. -Meg

\_\_\_\_\_

From: <u>imoreno@townofnorth-sc.gov</u> <<u>imoreno@townofnorth-sc.gov</u>> Sent: Thursday, October 31, 2024 8:43 AM To: \_STO - Appropriated Contributions <<u>STO Appropriated.Contributions@sto.sc.gov</u>> Cc: <u>jeffwashington1956@gmail.com</u> Subject: RE: [External] State of South Carolina Request for Contribution Distribution

GOOD MORNING,

I hope the attached is acceptable, now.

Kind Regards, Lisa Moreno/Town Clerk FROM THE OFFICE OF MAYOR WASHINGTON Town of North 9305 North Road PO Box 399 North, SC 29112 803-247-2101 OPTION 1 803-247-3351 Fax

From: \_STO - Appropriated Contributions <<u>STO.Appropriated.Contributions@sto.sc.gov</u>> Sent: Wednesday, October 30, 2024 10:13 AM

 To: 'Imoreno@townofnorth-sc.gov' 
 Imoreno@townofnorth-sc.gov>

 Cc: jeffwashington1956@gmail.com; \_STO - Appropriated Contributions <</th>
 STO. Appropriated.Contributions@sto.sc.gov>

Subject: RE: [External] State of South Carolina Request for Contribution Distribution

Hi Lisa,

I did a quick review and noticed two sections that were left blank. If you could fill complete those and resubmit, I would appreciate it. I also wanted to check to see if the P.O. Box associated with the vendor number you provided is still good for you.

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

19 🗟 🗟 🚺 MENA	Certificate Additional Fields	
Supplier 700003	0214	
S Preview 🗗		
Name		
Title	*	
Name	TOWN OF NORTH	
Search Terms		
Search term 1/2	TOWN TOWN	
Street Address		
House Number/Street		
City/State/ZIP Code	NORTH	SC 29112
Country	US USA	South Carolina
Time Zone	EST Jurisdiction	
PO Box Address		
PO Box	399	

#### From: Imoreno@townofnorth-sc.gov <Imoreno@townofnorth-sc.gov> Sent: Tuesday, October 29, 2024 7:43 PM

To: 'Kendeana Stephens' <<u>kstephens@orangeburgcounty.org</u>>; \_STO - Appropriated Contributions <<u>STO.Appropriated Contributions@sto.sc.gov</u>>

Cc: jeffwashington1956@gmail.com

Subject: [External] State of South Carolina Request for Contribution Distribution

Importance: High

#### State of South Carolina Request for Contribution Distribution

Good Evening Meg/Kendeana,

I appreciate your cooperation in regards to the Distribution of Contributions and have attached the completed and signed form, hereto. Please do not hesitate to contact myself, Lisa Moreno, Town Clerk, or MAYOR JEFF WASHINGTON, on copy, should you require anything further.

Best Regards, Lisa Moreno/Town Clerk FROM THE OFFICE OF MAYOR WASHINGTON Town of North 9305 North Road PO Box 399 North, SC 29112 803-247-2101 OPTION 1 803-247-3351 Fax

From:	STO - Appropriated Contributions
To:	"Imoreno@townofnorth-sc.gov"
Cc:	jeffwashington1956@gmail.com; _STO - Appropriated Contributions
Subject:	RE: [External] State of South Carolina Request for Contribution Distribution
Date:	Thursday, October 31, 2024 12:06:24 PM

Thank you, Lisa!

To update the information for the vendor number, you will need to use the link below. If you have any questions about that process, please call the Division of Procurement Services at 803-737-0600.

#### https://procurement.sc.gov/doing-biz/registration

If the PO Box is correct for you all, I can move forward with reviewing the document for payment. I will just notate it on the request form about the PO Box. Just let me know. -Meg

From: Imoreno@townofnorth-sc.gov <Imoreno@townofnorth-sc.gov> Sent: Thursday, October 31, 2024 8:43 AM To: \_STO - Appropriated Contributions <STO.Appropriated.Contributions@sto.sc.gov> C: jeffwashington1956@gmail.com Subject: RE: [External] State of South Carolina Request for Contribution Distribution

GOOD MORNING,

I hope the attached is acceptable, now.

Kind Regards, Lisa Moreno/Town Clerk FROM THE OFFICE OF MAYOR WASHINGTON Town of North 9305 North Road PO Box 399 North, SC 29112 803-247-2101 OPTION 1 803-247-3351 Fax

 From: \_STO - Appropriated Contributions <<u>STO.Appropriated.Contributions@sto.sc.gov</u>>

 Sent: Wednesday, October 30, 2024 10:13 AM

 To: 'Imoreno@townofnorth-sc.gov'

 Cc: jeffwashington1956@gmail.com;

 STO - Appropriated Contributions

 Subject: RE: [External] State of South Carolina Request for Contribution Distribution

Hi Lisa,

I did a quick review and noticed two sections that were left blank. If you could fill complete those and resubmit, I would appreciate it. I also wanted to check to see if the P.O. Box associated with the vendor number you provided is still good for you.

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

1 A B MENA	Certificate Additional Fields	
	Cercilicace Audiconal Helds	
Supplier 700003	80214 CP	
S Preview		
Name		
Title	*	
Name	TOWN OF NORTH	
Search Terms		
Search term 1/2	TOWN TOWN	
Street Address		
House Number/Street		
City/State/ZIP Code	NORTH	SC 29112
Country	US USA	South Carolina
Time Zone	EST Jurisdiction	
PO Box Address		
	399	
PO Box	933	

From: <a>imoreno@townofnorth-sc.gov</a></a>

Sent: Tuesday, October 29, 2024 7:43 PM

To: 'Kendeana Stephens' <<u>kstephens@orangeburgcounty.org</u>>; \_STO - Appropriated Contributions <<u>STO.Appropriated.Contributions@sto.sc.gov</u>>

Cc: jeffwashington1956@gmail.com

Subject: [External] State of South Carolina Request for Contribution Distribution Importance: High

### State of South Carolina Request for Contribution Distribution

Good Evening Meg/Kendeana,

I appreciate your cooperation in regards to the Distribution of Contributions and have attached the completed and signed form, hereto. Please do not hesitate to contact myself, Lisa Moreno, Town Clerk, or MAYOR JEFF WASHINGTON, on copy, should you require anything further.

Best Regards, Lisa Moreno/Town Clerk FROM THE OFFICE OF MAYOR WASHINGTON Town of North 9305 North Road PO Box 399 North, SC 29112 803-247-2101 OPTION 1 803-247-3351 Fax 
 From:
 Immense@twmofnorth.sc.gov

 To:
 \_STO\_Appropriated Contributions

 Cc:
 \_Jaffwashington1956@empanic.com

 Subject:
 RE: [External] State of South Carolina Request for Contribution Distribution

 Date:
 Thursday, October 31, 2024 8:46:04 AM

 Attachments:
 Scanned from a Xerox Multifunction Printer.pd[

GOOD MORNING,

I hope the attached is acceptable, now.

Kind Regards, Lisa Moreno/Town Clerk FROM THE OFFICE OF MAYOR WASHINGTON Town of North 9305 North Road PO Box 399 North, SC 29112 803-247-2101 OPTION 1 803-247-3351 Fax

 From: \_STO - Appropriated Contributions <STO.Appropriated.Contributions@sto.sc.gov>

 Sent: Wednesday, October 30, 2024 10:13 AM

 To: 'Imoreno@townofnorth-sc.gov' <Imoreno@townofnorth-sc.gov>

 Cc: jeffwashington1956@gmail.com; \_STO - Appropriated Contributions <STO.Appropriated.Contributions@sto.sc.gov>

 Subject: RE: [External] State of South Carolina Request for Contribution Distribution

Hi Lisa,

I did a quick review and noticed two sections that were left blank. If you could fill complete those and resubmit, I would appreciate it. I also wanted to check to see if the P.O. Box associated with the vendor number you provided is still good for you.

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

🦻 . Display V	endor: Address	
19 1 1 1 MENA	Certificate Additional Fields	
Supplier 700003	0214	
Name		
Title		
Name	TOWN OF NORTH	
Search Terms		
Search term 1/2	TOWN	
Street Address		
House Number/Street		
City/State/ZIP Code	NORTH	C 29112
Country	US USA S	outh Carolina
Time Zone	EST Jurisdiction	
PO Box Address		
PO Box	399	
Postal Code		

From: <a href="mailto:lmoreno@townofnorth-sc.gov">lmoreno@townofnorth-sc.gov</a>

Sent: Tuesday, October 29, 2024 7:43 PM

To: 'Kendeana Stephens' <<u>kstephens@orangeburgcounty.org</u>>; \_STO - Appropriated Contributions <<u>STO.Appropriated.Contributions@sto.sc.gov</u>>

Cc: jeffwashington1956@gmail.com Subject: [External] State of South Carolina Request for Contribution Distribution

Importance: High

#### State of South Carolina Request for Contribution Distribution

Good Evening Meg/Kendeana,

I appreciate your cooperation in regards to the Distribution of Contributions and have attached the completed and signed form, hereto. Please do not hesitate to contact myself, Lisa Moreno, Town Clerk, or MAYOR JEFF WASHINGTON, on copy, should you require anything further.

Best Regards, Lisa Moreno/Town Clerk FROM THE OFFICE OF MAYOR WASHINGTON Town of North 9305 North Road PO Box 399 North, SC 29112 803-247-2101 OPTION 1 803-247-3351 Fax



#### 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.

Purpose State Agency Providing the Contribution Amount North Improvement Town of Communi X220 - Aid to Subdivisions - Treasurer **Organization Contact Information Organization Information** Contact Name Jeffrey Washington **Entity Name** Town of North Position/Title Mayor Address 9305 North Rd 803-247-2101 North, SC 29112 Telephone City/State/Zip Email mayor@townofnorth-sc.gov https://townofnorth.sc.gov Website Secondary Organization Contact Information Tax ID # 57-6001624 Name Lisa Moreno **Entity Type** Municpality 7000030214 Position/Title Town Clerk Vendor # Telephone 803-247-2101 Link to Search Vendor Number admin@townofnorth-sc.gov Email

**Contribution Information** 

Plan/Accounting of how the	nese funds wi	ill be spent:
Description	Budget	Explanation
Playground and Park Equipment	\$23,000.00	add new and replace old equipment and repair building structures
eplace/upgrade light posts along pavilion	\$15,000.00	replace 7 decorative lightposts that do not work
esurface and stripe drive leading along side town hall up to Veterans park	\$37,000.00	driveway and parking area are not in good condition
		/
Grand Total	\$75,000.00	

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

all equipment/structures/fixtures to be added/repaired/replaced with this funding will service all citizens and guests of North. Park and playground upgrades will provide safer facilities/equipment to be used by all. Resurfacing the drive/parking leading up to Veteran's Park will improve the curb appeal of the Town.

#### **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

aver reanization Signature

Mayor Title 10/29/2024

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

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.

Reviewed by: Reviewed by:

🕅 , Display Ve	endor: Address		
💖 🔂 🔂 🖪 MENA	Certificate Additional Fields		
Supplier 700003	0214		
Preview			
Name Jeffe	y Washinston		
Title	Mayor -		
Name	TOWN OF NORTH		
	NORTH SC 29112	7	
Search Terms			
orderen i enne			
	TOWN North TOWN North		
Search term 1/2	TOWN North TOWN North		
	TOWN North TOWN North		
Search term 1/2			
Search term 1/2 Street Address House Number/Street	TOWN North TOWN North 9305 North Rd NORTH	SC	29112
Search term 1/2 Street Address House Number/Street City/State/ZIP Code	9305 North Rd		29112 th Carolina
Search term 1/2 Street Address House Number/Street City/State/ZIP Code Country	9305 North Rd NORTH US USA		
Search term 1/2 Street Address House Number/Street City/State/ZIP Code	9305 North Rd NORTH US USA		
Search term 1/2 Street Address House Number/Street City/State/ZIP Code Country	9305 North Rd NORTH US USA		
Search term 1/2 Street Address House Number/Street City/State/ZIP Code Country Time Zone	9305 North Rd NORTH US USA		

# Imoreno@townofnorth-sc.gov

From:	Imoreno@townofnorth-sc.gov
Sent:	Tuesday, October 29, 2024 7:43 PM
То:	'Kendeana Stephens'; 'STO.Appropriated.Contributions@sto.sc.gov'
Cc:	'jeffwashington1956@gmail.com'
Subject:	State of South Carolina Request for Contribution Distribution
Attachments:	Scanned from a Xerox Multifunction Printer.pdf
Importance:	High
importance:	ingii

# State of South Carolina Request for Contribution Distribution

## Good Evening Meg/Kendeana,

I appreciate your cooperation in regards to the Distribution of Contributions and have attached the completed and signed form, hereto. Please do not hesitate to contact myself, Lisa Moreno, Town Clerk, or MAYOR JEFF WASHINGTON, on copy, should you require anything further.

Best Regards, Lisa Moreno/Town Clerk **FROM THE OFFICE OF MAYOR WASHINGTON** Town of North 9305 North Road PO Box 399 North, SC 29112 803-247-2101 OPTION 1 803-247-3351 Fax

From:	_STO - Appropriated Contributions
To:	"Imoreno@townofnorth-sc.gov"
Cc:	jeffwashington1956@gmail.com; _STO - Appropriated Contributions
Subject:	RE: [External] State of South Carolina Request for Contribution Distribution
Date:	Wednesday, October 30, 2024 10:12:52 AM
Attachments:	image001.png image002.png

Hi Lisa,

I did a quick review and noticed two sections that were left blank. If you could fill complete those and resubmit, I would appreciate it. I also wanted to check to see if the P.O. Box associated with the vendor number you provided is still good for you.

1	
Amount	State Agency Providing the Contribution X220 - Aid to Subdivisions - Treasurer
	A220 - Alt to Subbiasions - Treasurer
👼 🛛 Display	Vendor: Address
🎾 🔂 🛃 🔝 MEN	A Certificate Additional Fields
Supplier 70000	30214
Preview	
Name	
Title	<b>v</b>
Name	TOWN OF NORTH
Search Terms	
Search term 1/2	TOWN
Street Address	
House Number/Street	
City/State/ZIP Code	NORTH SC 29112
Country	USA South Carolina
Time Zone	EST Jurisdiction
PO Box Address	
	399
PO Box Postal Code	233
Postal Code	

From: lmoreno@townofnorth-sc.gov <lmoreno@townofnorth-sc.gov>

Sent: Tuesday, October 29, 2024 7:43 PM

To: 'Kendeana Stephens' <kstephens@orangeburgcounty.org>; \_STO - Appropriated Contributions <STO.Appropriated.Contributions@sto.sc.gov>

Cc: jeffwashington1956@gmail.com

Subject: [External] State of South Carolina Request for Contribution Distribution

Importance: High

### State of South Carolina Request for Contribution Distribution

Good Evening Meg/Kendeana,

I appreciate your cooperation in regards to the Distribution of Contributions and have attached the completed and signed form, hereto. Please do not hesitate to contact myself, Lisa Moreno, Town Clerk, or MAYOR JEFF WASHINGTON, on copy, should you require anything further.

Best Regards, Lisa Moreno/Town Clerk FROM THE OFFICE OF MAYOR WASHINGTON Town of North

9305 North Road PO Box 399 North, SC 29112 803-247-2101 OPTION 1 803-247-3351 Fax

From:	Imoreno@townofnorth-sc.gov
То:	"Kendeana Stephens"; STO - Appropriated Contributions
Cc:	jeffwashington1956@gmail.com
Subject:	[External] State of South Carolina Request for Contribution Distribution
Date:	Tuesday, October 29, 2024 7:45:29 PM
Attachments:	Scanned from a Xerox Multifunction Printer.pdf
Importance:	High

# State of South Carolina Request for Contribution Distribution

Good Evening Meg/Kendeana,

I appreciate your cooperation in regards to the Distribution of Contributions and have attached the completed and signed form, hereto. Please do not hesitate to contact myself, Lisa Moreno, Town Clerk, or MAYOR JEFF WASHINGTON, on copy, should you require anything further.

Best Regards, Lisa Moreno/Town Clerk FROM THE OFFICE OF MAYOR WASHINGTON Town of North 9305 North Road PO Box 399 North, SC 29112 803-247-2101 OPTION 1 803-247-3351 Fax



#### State of South Carolina Request for Contribution Distribution

State Agency Providing the Contribution

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

Purpose

**Contribution Information** 

	Organization Information		Organization Contact Information
ntity Name	Town of North	Contact Name	Jeffrey Washington
ddress	9305 North Rd	Position/Title	Mayor
City/State/Zip	North, SC 29112	Telephone	803-247-2101
Website	https://townofnorth.sc.gov	Email	mayor@townofnorth-sc.gov
ax ID #	57-6001624		Secondary Organization Contact Information
Entity Type	Municpality	Name	Lisa Moreno
Vendor #	7000030214	Position/Title	Town Clerk
CHOOT II	Link to Search Vendor Number	Telephone	803-247-2101
		Email	admin@townofnorth-sc.gov

Plan/Accounting of how th	nese funds wil	ll be spent:	
Description	Budget	Explanation	
Playground and Park Equipment	\$23,000.00	add new and replace old equipment and repair building structures	
Replace/upgrade light posts along pavilion	\$15,000.00 replace 7 decorative lightposts that do not work		
resurface and stripe drive leading along side town hall up to Veterans park	\$37,000.00	driveway and parking area are not in good condition	
Grand Total	\$75,000.00		

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

all equipment/structures/fixtures to be added/repaired/replaced with this funding will service all citizens and guests of North. Park and playground upgrades will provide safer facilities/equipment to be used by all. Resurfacing the drive/parking leading up to Veteran's Park will improve the curb appeal of the Town.

### **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

se regulation Signature

Mayor Title

Jeffrey Washington Printed Name

10/29/2024 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.

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

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.

Reviewed by:

Reviewed by:

From:	STO - Appropriated Contributions
То:	<u>"admin@townofnorth-sc.gov"</u>
Cc:	Jeffwashington1956@gmail.com; STO - Appropriated Contributions
Subject:	FY25 Appropriated Contributions Enrollment Packet
Date:	Tuesday, October 29, 2024 9:12:29 AM
Attachments:	STO Appropriated Funds Cover Letter - Town of North - Parks and Recreation Facilities.pdf FY25 Earmarked Appropriations Disbursement Request form update.xlsx

## 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

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 | STO.Appropriated.Contributions@sto.sc.gov

## September 10, 2024

Jeff Washington Town of North 9305 North Road North, South Carolina 29112

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

Dear Jeff Washington:

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.

Organization receiving appropriated funds:	Amount
Town of North - Parks and Recreation Facilities	\$75,000.00

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 <u>https://procurement.sc.gov/doing-biz/registration</u> 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 <u>STO.Appropriated.Contributions@sto.sc.gov</u>. 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 TREASURE 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 <u>STO.Appropriated.Contributions@sto.sc.gov</u>. 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.

Quarterly Update Schedule						
Time Frame         7/1 - 9/30         10/1 - 12/31         1/1 - 3/31         4/1 - 6/30						
Due Date	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
  - o Amount
    - This amount should match the amount awarded in Proviso 118.20.B.99.
  - o Purpose
    - This should be a very brief explanation (no more than one sentence) of the purpose the funds will be used for.
- Organization Information
  - o Website
    - If you do not have a website, please leave blank.
  - o Entity Type
    - Please select one of the options from the drop down rather than typing in this cell.
  - o Vendor Number
    - If you do not know your vendor number, please use the following link to search for it: <u>https://webprod.cio.sc.gov/SCVendorSearch/vendorSearch.do</u>
      - If you do not have a vendor number, please use the following link: <u>https://procurement.sc.gov/doing-biz/registration</u>
        - For vendor registration questions and assistance contact the Division of Procurement Services at 803-737-0600.
- Organization Contact Information and Secondary Organization Contact Information
  - o 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.
  - o 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.
  - o 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 <u>STO.Appropriated.Contributions@sto.sc.gov</u>.
- 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
  - o Please leave blank. This section is to be completed by STO.
- Governing Board and Executive Tab
  - o Only needs to be completed by Non-profit Organizations.
  - o If additional lines are needed, please email <u>STO.Appropriated.Contributions@sto.sc.gov</u>.

# 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 <u>quarterly</u> 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, <u>including an accounting of funds provided to subgrantees and affiliated non-profits</u>.

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					
Americant	State Area as Draviding the Contribution	Contribution	Information	Dumana	
Amount	State Agency Providing the Contribution			Purpose	
	X220 - Aid to Subdivisions - Treasurer				
	Organization Information			Organization Contact Information	
Entity Name			Contact Name		
Address			Position/Title		
City/State/Zip		•	Telephone		
Website		1	Email		
Tax ID #				Secondary Organization Contact Information	
Entity Type			Name		
Vendor #			Position/Title		
	Link to Search Vendor Number		Telephone		
			Email		
	Plan/Accounting of how these funds will be spent:				
	Description		Budget	Explanation	

Description	Budget	Explanation
Grand Total	\$0.00	

	Please explain how these funds will be	e used to provide a public benefit:
	Organization Ce	ertifications
1) Organization hereby gives assurance that no pe	rson shall, upon the grounds of race, creed, colo	r, or national origin, be excluded from participation in, be denied the benefit of, or be
otherwise subjected to discrimination under any p		•
2) Organization certifies that it will provide quarte		
<ol> <li>Organization certifies that it will provide an accord</li> <li>Organization certifies that it will allow the State</li> </ol>	, , , , , , , , , , , , , , , , , , ,	· •
4) Organization certifies that it will allow the state	Additor to addit of cause to be addited the cont	Induced funds.
Organization Signature	Title	
Printed Name	Date	
	Certifications of State Agenc	v Providing Contribution
1) State Agency certifies that the planned expendi	5	
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 distribut	ions directly to the organization.	
4) State Agency certifies that it will provide the gu	arterly spending reports and accounting receive	d from the organization to the Senate Finance Committee, House Ways and Means

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

Treasurer (STO) and the State Treasurer. Note that STO is not Reviewed by: an agency as defined by Executive Order 2022-19 and therefore, is not subject to the requirements therein.

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.

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

Your Organization's Executive Officer					
Name Title					

From:	STO - Appropriated Contributions
To:	Jeffwashington1956@gmail.com
Cc:	STO - Appropriated Contributions
Subject:	Status check for FY25 Earmarked Appropriations Disbursement Request form
Date:	Wednesday, October 23, 2024 11:35:26 AM

Hello,

Currently, we have not received your completed Earmarked Appropriations Disbursement Request form.

I wanted to reach out to confirm that you received the FY25 Appropriated Contributions Enrollment Packet email sent on 9/11/24 and to check if you had any questions regarding the process, form, etc. If you need the email resent, please let me know and I will be happy to resend it to you.

If you believe you are not the best contact for this, please let me know who I should contact for your organization.

Please do not hesitate to reach out to me if you have any questions or need any assistance.

-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

From:	STO - Appropriated Contributions
То:	Jeffwashington1956@gmail.com
Cc:	STO - Appropriated Contributions
Subject:	FY25 Appropriated Contributions Enrollment Packet
Date:	Wednesday, September 11, 2024 12:09:02 PM
Attachments:	STO Appropriated Funds Cover Letter - Town of North - Parks and Recreation Facilities.pdf
	FY25 Earmarked Appropriations Disbursement Request form update.xlsx

## 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

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

## September 10, 2024

Jeff Washington Town of North 9305 North Road North, South Carolina 29112

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

Dear Jeff Washington:

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.

Organization receiving appropriated funds:	Amount
Town of North - Parks and Recreation Facilities	\$75,000.00

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 <u>https://procurement.sc.gov/doing-biz/registration</u> 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 <u>STO.Appropriated.Contributions@sto.sc.gov</u>. 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 TREASURE 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 <u>STO.Appropriated.Contributions@sto.sc.gov</u>. 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.

Quarterly Update Schedule						
Time Frame         7/1 - 9/30         10/1 - 12/31         1/1 - 3/31         4/1 - 6/30						
Due Date	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
  - o Amount
    - This amount should match the amount awarded in Proviso 118.20.B.99.
  - o Purpose
    - This should be a very brief explanation (no more than one sentence) of the purpose the funds will be used for.
- Organization Information
  - o Website
    - If you do not have a website, please leave blank.
  - o Entity Type
    - Please select one of the options from the drop down rather than typing in this cell.
  - o Vendor Number
    - If you do not know your vendor number, please use the following link to search for it: <u>https://webprod.cio.sc.gov/SCVendorSearch/vendorSearch.do</u>
      - If you do not have a vendor number, please use the following link: <u>https://procurement.sc.gov/doing-biz/registration</u>
        - For vendor registration questions and assistance contact the Division of Procurement Services at 803-737-0600.
- Organization Contact Information and Secondary Organization Contact Information
  - o 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.
  - o 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.
  - o 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 <u>STO.Appropriated.Contributions@sto.sc.gov</u>.
- 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
  - o Please leave blank. This section is to be completed by STO.
- Governing Board and Executive Tab
  - o Only needs to be completed by Non-profit Organizations.
  - o If additional lines are needed, please email <u>STO.Appropriated.Contributions@sto.sc.gov</u>.

# 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 <u>quarterly</u> 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, <u>including an accounting of funds provided to subgrantees and affiliated non-profits</u>.

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	Contribution		Purpose		
	X220 - Aid to Subdivisions - Treasurer					
	Organization Information			Organization Contact Information		
Entity Name		(	Contact Name			
Address		F	Position/Title			
City/State/Zip		1	Telephone			
Website		E	Email			
Tax ID #				Secondary Organization Contact Information		
Entity Type		1	Name			
Vendor #		F	Position/Title			
· · · ·	Link to Search Vendor Number	r i	Telephone			
		E	Email			
		-		·		
	Plan/Accounting of how these funds will be spent:					
	Description		Budget	Explanation		

Description	Budget	Explanation
Grand Total	\$0.00	

	Please explain how these funds will be	e used to provide a public benefit:	
	Organization Ce	ertifications	
1) Organization hereby gives assurance that no pe	rson shall, upon the grounds of race, creed, colo	r, or national origin, be excluded from participation in, be denied the benefit of, or be	
otherwise subjected to discrimination under any p		•	
2) Organization certifies that it will provide quarte			
<ol> <li>Organization certifies that it will provide an accord</li> <li>Organization certifies that it will allow the State</li> </ol>		· •	
4) Organization certifies that it will allow the state	Auditor to audit or cause to be audited the cont	ributed funds.	
Organization Signature	Title		
Printed Name	Date		
	Certifications of State Agenc	v Providing Contribution	
1) State Agency certifies that the planned expendi	5		
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 distribut	ions 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			

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

Treasurer (STO) and the State Treasurer. Note that STO is not Reviewed by: an agency as defined by Executive Order 2022-19 and therefore, is not subject to the requirements therein.

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.

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

Your Organization's Executive Officer				
Name	Title			