

## 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                |  |  |  |
| \$100,000.00             |   | Emergency Home Repairs |  |  |  |

| Organization Information |                               |  |  |
|--------------------------|-------------------------------|--|--|
| Entity Name              | St. Francis Center            |  |  |
| Address                  | PO Box 682                    |  |  |
| City/State/Zip           | Saint Helena Island, SC 29920 |  |  |
| Website                  |                               |  |  |
| Tax ID#                  | 2017 17060                    |  |  |
| Entity Type              |                               |  |  |

| Organization Contact Information |                  |  |  |
|----------------------------------|------------------|--|--|
| Contact Name                     | Sr. Canice Adams |  |  |
| Position/Title                   | Director         |  |  |
| Telephone                        | 843-838-3924     |  |  |
| Email                            | frnctr@islc.net  |  |  |

| Plan/Accounting of how these funds will be spent:  |              |   |  |  |
|--|--------------|---|--|--|
| Description  | Budget       | Explanation   |  |  |
| he funds will purchase building materials and supplies for emergency hom repairs for elderly | \$100,000.00 | The entire amount will be spent for building materials and supplies |  |  |
| nd/or disabled homeonwers living in poverty in Northern Beaufort County, SC                  |              |   |  |  |
|  |              |   |  |  |
|  |              |   |  |  |
|  |              |   |  |  |
|  |              |   |  |  |
|  |              |   |  |  |
|  |              |   |  |  |
| Grand Total  | \$100,000.00 |   |  |  |

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

Many elderly and/or disabled homeowners living in poverty in Northern Beaufort County cannot afford to maintain their homes in a safe, sanitary, accessible, and secure condition. Some live in deteriorated mobile homes; others in frame homes in dilapidated condition. We partner with the families, who are responsible for the lobor while we provide the materials and supplies. Often the labor is provided by a family member or church group. This project enables homeowners and their families to remain in their homes, with safe, healthy and sanitary conditions. All project activities are carried out by volunteers under the guidance of the Sisters.

| AND THE RESERVE OF THE PARTY OF | THE RESERVE OF THE PARTY OF THE |
|--|--|
| Organization   | Cortitiontions   |
| W 1 0 2 1 2 1 6 1 V 1 2 1 B 1 0 1 8 B  |  |
|  |  |

- 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.

Sister M. Canice Adams
Sister M. Canice Adams

Director
Title
August 20, 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.
- 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.

08/21/2024

Agency Head Signature

Date

Richard A. Hutto

Printed Name