

## 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 before the funds can be disbursed.

Contribution Information				
Amount	State Agency Providing the Contribution	Purpose		
\$100,000.00 P280 - Department of Parks, Recreation, and Tourism		Swamp Rabbit		

Organization Information				
Entity Name	Greenville County			
Address	301 University Ridge			
City/State/Zip	Greenville, SC 29601			
Website	GreenvilleRec.com			
SCEIS Vendor #	7000160186			
Entity Type	County			

Organization Contact Information					
Contact Name	Ruth B. Parris				
Position/Title	Budget Director				
Telephone	864-467-7037				
Email	rparris@greenvillecounty.org				

Description	Budget	Explanation			
Expansion of the Prisma Health Swamp Rabbit Trail Network		Construction of additional segments of the Swamp Rabbit Trail			
Grand Total	\$2,000,000.00				

The Prisma Health Swamp Rabbit Trail Network as been a transformative change for Greenville County. Orginally opened in 2009 with just 4 miles. Today this transportation network is over 28 miles long, in 2 counties and 4 cities. It continues to bring hundreds of millions of dollars of economic development to the communities it connects. These funds will be use to expand to network into additional Greenville County communities

) Organization hereby gives assurance that no person shall, upon	on the grounds of race, creed, color, or national origin, be excluded from participation in, be denied the benefit of, or be
therwise subjected to discrimination under any program or act	
) Organization certifies that it will provide quarterly spending r	
	end of the fiscal year to the Agency Providing Contribution listed above.
) Organization certifies that it will allow the State Auditor to au	idit or cause to be audited the contributed funds.
	County Administrator
Organization Signature	Title
A Sum Eathern Signature	
oseph Kernell	10/24/2023
rinted Name	Date
) State Agency certifies that the planned expenditure aligns wi	th the Agency's mission and/or the purpose specified in the appropriations act.
) State Agency certifies that the Organization has set forth a pu	ublic purpose to be served through receipt of the expenditure.
) State Agency certifies that it will make distributions directly to	o the organization.
) State Agency certifies that it will provide the quarterly spendi	ing 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, 2024.	
) 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
ppropriations 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, 2024.
gency Head Signature	Date
rinted Name	