

## 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 of 2022 and Executive Order 2022-19. This form must be submitted to the state agency that is providing the contribution for the designated organization. The state agency providing the contribution should 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

	Organization Information	
Entity Name	ANTIOCH SENIOR CENTER	
Address	5715 A KOON ROAD	
City/State/Zip	COLUMBIA, SOUTH CAROLINA 29229	
Website	www.antiochseniors24.com	
Tax ID#	46-4529512	
Entity Type	Nonprofit Organization	

	Organization Contact Information
Contact Name	BARBARA R. MICKENS
Position/Title	EXCUTIVE DIRECTOR
Telephone	803-754-0005
Email	antiochsc@att.net

Plan/Accounting of h	ow these funds w	ill be spent:
Description	Budget	Explanation
STAFF	\$130,000.00	
ACCOUNTING/CONSULTING	\$7,000.00	
OFFICE SUPPLIES	\$4,500.00	
BLDG. SECURITY	\$2,500.00	
GROUNDS, LANDSCAPING ECT.	\$4,000.00	
INSURANCE /W/C	\$12,000.00	
UTILITIES, WATER & SEWER	\$23,000.00	
FOOD FOR SENIORS(MEALS TWICE A DAY)	\$52,000.00	
PROGRAM EXPENSES FOR SENIOR	\$15,000.00	
Grand T	otal \$250,000.00	

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

THE BENEFIT FOR THESE FUNDS WILL IMPACT THE OVERALL COMMUNITY, AND SENIOR CITIZENS THROUGH OUT RICHLAND COUNTY. THESE FUNDS WILL BE USE FOR OPERATIONS OF THE SENIOR CENTER. SENIORS WILL HAVE A PLACE TO GO WHERE THEY CAN ENJOY THEMSELVES, AND ENTER ACT WITH OTHER SENIORS IN A SAFE RELAXING ENVIRONMENT WHERE THEY WILL RECEIVE THE ATTENTION AND LOVE THEY DESERVE FROM ANTIOCH SENIOR CENTER STAFF.

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- 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.

Berbara & Micken	EXECUTIVE DIRECTOR
Organization Signature	Title
BARBARA R. MICKENS	SEPTEMBER 18,2024
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 of 2022.
- 2) State Agency certifies that the Organization has set forth a public purpose to be served through receipt of the expenditure.
- 3) State Agency certifies that it will make distributions directly to the organization.
- 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, 2023.
- 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 of 2022.

11/20/24

(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.

Funding Codes:

CC: LDGOADDOID

Fund: 10000025

FA: LOGOXPRIG

GIL: 5180750000



## State of South Carolina Contribution Expenditure Report

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 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

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Purpose	State Agency Providing the Contribution	Amount
Contribution Information		
the providing the contribution to the designation organization at the end of year quarter and by June 30, 2025.	and the second s	The state of the s

	Organization Information
<b>Entity Name</b>	ANTIOCH SENIOR CENTER
Address	5715A KOON ROAD
City/State/Zip	COLUMBI9A, S.C. 29203
Website	www.antiochseniors24.com
Tax ID#	46-4529512
Entity Type	Nonprofit Organization

	Organization Contact Information
Name	BARBARA R. MICKENS
Position/Title	Position/Title EXCUTIVE DIRECTOR
Telephone	803-754-0005
Email	antiochsc@att.net

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\$250,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Grand Total \$250,000.00	Grand Total
\$15,000.00	\$0.00					\$15,000.00	PROGRAM EXPENSES FOR SENIORS (FIELD TRIPS, DANCES, ECT.)
\$52,000.00	\$0.00					\$52,000.00	FOOD FOR SENIORS (MEALS TWICE A DAY)
\$23,000.00	\$0.00					\$23,000.00	UTILITIES, WATER & SEWER
\$12,000.00	\$0.00					\$12,000.00	INSURANCE/W/C
\$4,000.00	\$0.00					\$4,000.00	GROUNDS, LANDSCAPING, ETC.
\$2,500.00	\$0.00					\$2,500.00	BLDG. SECURITY
\$4,500.00	\$0.00					\$4,500.00	OFFICE SUPPLIES
\$7,000.00	\$0.00					\$7,000.00	ACCOUNTING/CONSULTING
\$130,000.00	\$0.00					\$130,000.00	STAFF
Balance	Total	Quarter 4	Quarter 3	Quarter 2	Quarter 1	Budget	(Attach additional detail for subgrantees and affiliated nonprofits)
			Expenditures				Description
				en spent:	funds have be	Accounting of how the funds have been sp	Accounti

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

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. **Expenditure Certification** 

**EXECUTIVE DIRECTOR** 

OCT. 01, 2024

**Printed Name** BARBARA R. MICKENS

Signature