



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
\$35,025.00	N120 - Department of Juvenile Justice	Bathroom renovation

Organization Information

Entity Name	Generations Alternative Program
Address	820 Dunklin Bridge Road
City/State/Zip	Fountain Inn, South Carolina 29644
Website	Generationsgroup.com
Tax ID#	57-0929065
Entity Type	Nonprofit Organization

Organization Contact Information

Contact Name	Chris Leach
Position/Title	Facility Director
Telephone	864-243-5557 Ext. 512
Email	Chris@generationsgroup.com

Plan/Accounting of how these funds will be spent:

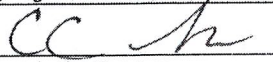
Description	Budget	Explanation
Remove bathroom fixtures, cap off lines for reuse. Remove and replace wall covers with new	\$14,237.95	Murray Building - Two bathrooms
Remove bathroom fixtures, cap off lines for reuse. Remove and replace wall covers with new	\$20,787.14	Russell Building - Three bathrooms
Grand Total	\$35,025.09	

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

The funds will be used to provide an update to our bathroom facilities here at Generations Alternative Program in Fountain Inn, SC. I believe our residents should be in the best atmosphere possible to be able to thrive towards change. This organization provides best practice with both social service and adequate facilities for our youth as they transition back to our communities as productive citizens.

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

Facility Director
Title

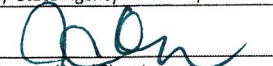
Chris Leach
Printed Name

8/19/24
Date

Chris Leach

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

8/20/24
Date

Jenny Stirling for Dir. Kerr
Printed Name