

## 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	
\$284,239.00	L040 - Department of Social Services	2023-24 State Appropriations Act	

Organization Information		
Entity Name	Man 2 Man Fatherhood Initiative	
Address	110 South Parsonage Street	
City/State/Zip	Bennettsville, SC 29512	
Website	www.man2manfathers.com	
Tax ID#	32-0121823	
Entity Type	Nonprofit Organization	

Organization Contact Information			
Contact Name	Derrick Dease		
Position/Title	Executive Director		
Telephone	843-479-4177		
Email	derrick@man2manfathers.org		

Plan/Accounting of how t	hese funds will be spent:	
Description	Budget	Explanation
See attached Dillion County Budget		
		•
Grand Total	\$284,239.00	

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

Please see attached Man 2 Man Community Impact Opportunity Dillion Project.

**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

prick Deale

Printed Name

Everntive Director Title 11-2-23

#### **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, 2024.

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.

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, 2024.

hk

Mike Leach (Nov 3, 2023 13:37 EDT)

Agency Head Signature

11-3-23

Date

## Mike leach

Printed Name

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# **Disbursement Request Form**

Final Audit Report

2023-11-03

Created:	2023-11-03
By:	Susan Roben (susan.roben@dss.sc.gov)
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## "Disbursement Request Form" History

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