

House Member Appropriation Request Form

THIS DOCUMENT WILL BE PUBLIC

Required for Consideration:

1. An official request letter on the requesting entity's letterhead signed by an executive officer or administrator that includes a timeline specifying the dates for start and completion of the project or program.
2. Supporting documentation including but not limited to a detailed description of the project or program, a project or program budget, and the intended use and benefit of state funds for the project or program.
3. Verification that recipient entity and the use of funds are within the state of South Carolina.
4. The signature of a member of the S.C. House of Representatives.

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Project/Event Name: Oakbrook Sports Complex

Requested Amount: \$ 2,000,000

Recipient Entity: Dorchester County

Is the entity a: state agency, local government, non-profit, or other?

If **other**, please explain: _____

Entity Contact: Jason L. Ward Title/Position: County Administrator

Contact Phone Number: 843-832-0195 Email Address: wardj@dorchestercountysc.gov

Entity Website: www.dorchestercountysc.gov County Location: Dorchester - Summerville

Summary of Intended Use of the Funds: Redevelop and construct youth sports fields and courts, and address current complex issues such as drainage, turf, restroom, and parking.

Justification of Request / Public Benefit: The requested funds will match \$9.5 Million in county tax increment finance funding and a YMCA land donation valued at \$3 Million. The complex is part of the Oakbrook Redevelopment Plan. Amenities will include soccer fields, baseball fields, basketball courts, restrooms, and parking. The complex is a public project. Design is complete; Notice to Proceed - March 2024
The YMCA property conveyed its property to the county. The development and management agreements are fully executed.

Primary House Sponsor – Print Name

Primary House Sponsor – Signature

Additional Sponsors:

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____