



### 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
\$500,000.00	N080 - Department of Probation, Parole, and Pardon Service	To expand Turn90 prison reentry services statewide for the purpose of reducing recidivism

#### Organization Information

Entity Name	Turn90
Address	5640 Rivers Avenue
City/State/Zip	North Charleston, SC 29406
Website	<a href="http://www.turnninetly.com">www.turnninetly.com</a>
Tax ID#	46-0671501
Entity Type	Nonprofit Organization

#### Organization Contact Information

Contact Name	Kim Huey
Position/Title	Director of Operations
Telephone	843-297-4980
Email	kim@turnninetly.com

#### Plan/Accounting of how these funds will be spent:

Description	Budget	Explanation
Salaries and Related Expenses to provide re-entry services	\$500,000.00	Provide Reentry services to men at highest risk to reoffend
<b>Grand Total</b>	<b>\$500,000.00</b>	

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

Turn90’s program delivers public benefits by reducing recidivism and fostering successful reentry for men leaving prison. When individuals are released from incarceration, they face numerous barriers—employment, housing, and social support—making it difficult to reintegrate into society. Without intervention, many return to prison, continuing a costly cycle that affects families, communities, and public resources.

Turn90 breaks this cycle by providing comprehensive support. Through transitional employment, job training, cognitive-behavioral classes, and supportive services, we help participants gain the skills and confidence needed to succeed. This reduces the likelihood of reoffending, which in turn decreases the financial burden on the criminal justice system and enhances public safety.



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### Organization Information

Name	Turn90
Address	5640 Rivers Avenue
City/State/Zip	North Charleston, SC 29406
Website	<a href="http://www.turnninetv.com">www.turnninetv.com</a>
Tax ID#	46-0671501
Entity Type	Nonprofit Organization

### Organization Contact Information

Name	Kim Huey
Position/Title	Director of Operations
Telephone	740.704.2502
Email	<a href="mailto:kim@turnninetv.com">kim@turnninetv.com</a>

### Accounting of how the funds will be spent:


Description	Budget
Columbia Center Director	\$70,000.00
Columbia Training Manager	\$55,000.00
Columbia Program Manager	\$60,000.00
Spartanburg Program Manger	\$55,000.00
Spartanburg Logistics Lead   Mentor	\$40,000.00
Columbia Facilities (Lease & CAM Fees)	\$50,000.00
Spartanburg Facilites (Lease & Cam Fees)	\$60,000.00
Trainee (Progran Poarticipants) Compensation	\$110,000.00
<b>Grand Total</b>	<b>\$500,000.00</b>

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

Turn90 delivers a measurable public benefit by addressing the systemic challenges faced by individuals transitioning from incarceration, thereby reducing recidivism and contributing to community safety and economic development. Through its innovative therapeutic social enterprise model, Turn90 combines job training, transitional employment, cognitive behavioral therapy (CBT), and supportive services to equip formerly incarcerated men with the tools they need for successful reentry into society.

### Statement of Non-Discrimination

Assurance is hereby given 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.

  
 \_\_\_\_\_  
 Signature  
 Amy Barch  
 \_\_\_\_\_  
 Printed Name

Executive Director  
 \_\_\_\_\_  
 Title  
 11/25/2024  
 \_\_\_\_\_  
 Date



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.

*Amy Barch*

Organization Signature

Executive Director

Title

Amy Barch

Printed Name

10/28/2024

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.
- 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.

*Chadwick A. Gambrell*

Agency Head Signature

12/12/24

Date

Chadwick A. Gambrell

Printed Name





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Contribution Information		
Amount	State Agency Providing the Contribution	Purpose

Organization Information	
Entity Name	FRESH START TRANSITIONAL PROJECT
Address	PO BOX 874
City/State/Zip	GREENVILLE, SC 29604
Website	
Tax ID#	80958227
Entity Type	Nonprofit Organization

Organization Contact Information	
Contact Name	GRACIE L TILMON
Position/Title	BUSINESS MANAGER
Telephone	86233081
Email	FRESHSTART.TILMON@GMAIL.COM

Plan/Accounting of how these funds will be spent:		
Description	Budget	Explanation
FEMALE RESIDENT HOUSE LEASE	\$30,000.00	LEASE PAYMENTS
RESIDENT TRAINING CENTER LEASE	\$36,000.00	LEASE PAYMENTS
PROFESSIONAL SERVICES	\$48,000.00	ACCOUNTING/PROFESSIONAL SERVICES
OPERATIONS/PROGRAM SERVICES	\$39,000.00	OPERATIONS FOR FEMALE AND MALE RESIDENTS
NEW MALE TRANSITIONAL RESIDENCE LEASE	\$42,000.00	LEASE PAYMENTS
RENOVATIONS OF MALE RESIDENCE	\$30,000.00	IMPROVEMENTS TO ACCOMMODATE RESIDENTS
FURNITURE/SUPPLES FOR MEN'S RESIDENCE.	\$25,000.00	BEDDING/FURNITURE/HOUSEHOLD
Grand Total	\$250,000.00	

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

FSTP HAS BEEN VERY BLESSED IN BLESSING WOMEN TRANSITIONING FROM PRISON, REHAB OR SIMPLY HOMELESSNESS. THERE IS AN EXTREME NEED FOR MEN IN THE SAME SITUATION IN SPEAKING WITH COMMUNITY LEADERS AND PASTORS. THE PROGRAM HAS BEEN A HUGE SUCCESS IN GRADUATING RESIDENTS FROM THE PROGRAM AND ASSITING THEM TO MAKE THE TRANSITION INTO SOCIETY IN BEOMING PRODUCTIVE PEOPLE IN THE COMMUNITY. WITH THE TRANSITIONING OF RESIDENTS BACK INTO THE COMMUNITY THEY BECOME TAXPAYERS, CAR OWNERS, CHURCH MEMBERS AND SOME BECOMING VOLUNTEERS GIVING BACK TO LEND A HELPING HAND TO THOSE IN NEED.

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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.

Gracie L. Tilmon  
 Organization Signature

Gracie L. Tilmon  
 Printed Name

Business Manager  
 Title

10-Oct-24  
 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.
  - 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.

Chadwick A. Gambrell  
 Agency Head Signature

Chadwick A. Gambrell  
 Printed Name

12/12/24  
 Date



# State of South Carolina Contribution Expenditure Report

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 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 quarter and by June 30, 2025.

## Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$500,000.00	N080 - Department of Probation, Parole, and Pardon Services	To expand Turn90 prison reentry services statewide for the purpose of reducing recidivism

## Organization Information

Entity Name	Turn90
Address	5640 Rivers Avenue
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Website	<a href="http://www.turnninetty.com">www.turnninetty.com</a>
Tax ID#	46-0671501
Entity Type	Nonprofit Organization

## Organization Contact Information

Name	Kim Huey
Position/Title	Director of Operations
Telephone	843-297-4980
Email	<a href="mailto:kim@turnninetty.com">kim@turnninetty.com</a>

## Reporting Period

Reporting Period	Quarter 3: January 1, 2025 - March 31, 2025
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## Accounting of how the funds have been spent:

Description <i>(Attach additional detail for subgrantees and affiliated nonprofits)</i>	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
Columbia Center Director	\$70,000.00			\$17,500.00		\$17,500.00	\$52,500.00
Columbia Training Manager	\$55,000.00			\$13,750.00		\$13,750.00	\$41,250.00
Columbia Program Manager	\$60,000.00			\$15,000.00		\$15,000.00	\$45,000.00
Spartanburg Program Manager	\$55,000.00			\$13,750.00		\$13,750.00	\$41,250.00
Spartanburg Logistics Lead   Mentor	\$40,000.00			\$10,000.00		\$10,000.00	\$30,000.00
Columbia Facilities (Lease & CAM Fees)	\$50,000.00			\$12,500.00		\$12,500.00	\$37,500.00
Spartanburg Facilities (Lease & Cam Fees)	\$60,000.00			\$15,000.00		\$15,000.00	\$45,000.00
Trainee (Program Participants) Compensation	\$110,000.00			\$27,500.00		\$27,500.00	\$82,500.00
						\$0.00	\$0.00
<b>Grand Total</b>	<b>\$500,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$125,000.00</b>	<b>\$0.00</b>	<b>\$125,000.00</b>	<b>\$375,000.00</b>

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

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## Expenditure Certification

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.

*Kim Huey*  
 \_\_\_\_\_  
 Signature  
 Kim Huey  
 \_\_\_\_\_  
 Printed Name

Director of Operations  
 \_\_\_\_\_  
 Title  
 4/4/2025  
 \_\_\_\_\_  
 Date