From: Angel Neighbours

To: STO - Appropriated Contributions Subject: RE: [External] City of Loris Monday, January 13, 2025 4:27:29 PM

Attachments:

image003.png image005.png City of Loris QTR 2.pdf

Hi Meg,

I hope this is what you needed.

Thanks again for your help.



Angel Neighbours City of Loris

Interim City Treasurer Phone (843) 756-4004 www.cityoflorissc.com aneighbours@CityofLoris.org 4101 Walnut St Loris, SC 29569

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From: STO - Appropriated Contributions <STO.Appropriated.Contributions@sto.sc.gov>

Sent: Monday, January 13, 2025 4:03 PM

To: Angel Neighbours < A Neighbours @cityofloris.org>

Cc: _STO - Appropriated Contributions <STO.Appropriated.Contributions@sto.sc.gov>

Subject: RE: [External] City of Loris

Absolutely. I apologize that I missed your call. I am currently in a meeting. Attached is the disbursement request.

-Meg

Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II

South Carolina Treasurer's Office 1200 Senate Street, Suite 214 Wade Hampton Bldg., Columbia, SC 29201 803-734-2658 | STO.Appropriated.Contributions@sto.sc.gov

From: Angel Neighbours < ANeighbours@cityofloris.org>

Sent: Monday, January 13, 2025 3:45 PM

To: _STO - Appropriated Contributions < STO.Appropriated.Contributions@sto.sc.gov>

Subject: RE: [External] City of Loris

Hi Meg,

I've been working on updating this for you. Our administrator is out of the office until Monday January 20th. I don't have a copy of the disbursement request to finish the description and budget section. Could you possibly send me a copy of it? I would like to make sure the wording is correct.

Thank you for your help.



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Interim City Treasurer Phone (843) 756-4004 www.cityoflorissc.com aneighbours@CityofLoris.org 4101 Walnut St Loris, SC 29569 Important: All e-mail correspondence to and from this address may be subject to public disclosure under the South Carolina Freedom of Information Act (FOIA). This correspondence is intended exclusively for the individual or entity to which it is addressed and may contain information that is proprietary, privileged, confidential or otherwise legally exempt from disclosure.

From: _STO - Appropriated Contributions <<u>STO.Appropriated.Contributions@sto.sc.gov</u>>

Sent: Wednesday, January 8, 2025 3:02 PM

To: Angel Neighbours < ANeighbours@cityofloris.org>

Cc: _STO - Appropriated Contributions <<u>STO.Appropriated.Contributions@sto.sc.gov</u>>

Subject: RE: [External] City of Loris

Hi Angel,

I did a quick review and there are a few areas that need to be updated.

The Amount section in the contribution section needs to match the award.

Please select quarter 2 from the Reporting Period section's drop down.

The Description and Budget section need to match what was listed on your disbursement request.

Please update your quarterly report and resubmit. If you have any questions, please let me know.

| | 2022-19. This form most be submitted to the state agency that a | s provious the contribution to the designation organization at the end of year quarter and by Julie 20, 2024. |
|--------|---|---|
| | | Contribution Information |
| Amount | State Agency Providing the Contribution | Purpose |
| | X220 - Aid to Subdivisions - Treasurer | Old Loris High School Project |

| | Organization Information |
|----------------|--------------------------|
| Entity Name | City of Loris |
| Address | 4101 Walnut Street |
| City/State/Zip | Loris, S.C. 29569 |
| Website | cityoflorissc.com |
| Tax ID# | 57-6001069 |
| Entity Type | Municipality |

| | Reporting Period |
|------------------|------------------|
| Reporting Period | |

| | Organization Contact Information |
|----------------|--|
| Name | Willaim Clay Young |
| Position/Title | Administrator |
| Telephone | 843-756-4004 |
| Email | williamyoung@cityofloris.org |
| | Secondary Organization Contact Information |
| Name | Angel Neighbours |
| Position/Title | Treasurer |
| Telephone | 843-756-4004 |
| Email | aneighbours@cityofloris.org |

| Account | ing of how the | funds have bee | en spent: | | | | |
|--|----------------|----------------|-----------|--------------|-----------|--------|---------|
| Description | SPREAD RECORDS | | | Expenditures | | | |
| (Attach additional detail for subgrantees and affiliated nonprofits) | Budget | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total | Balance |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| - 1000 | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| 1 | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| Grand Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

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

-Meg

Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II

South Carolina Treasurer's Office 1200 Senate Street, Suite 214 Wade Hampton Bldg., Columbia, SC 29201 803-734-2658 Meg.Romaniello@sto.sc.gov

From: Angel Neighbours <<u>ANeighbours@cityofloris.org</u>>

Sent: Tuesday, January 7, 2025 12:14 PM

 $\textbf{To:} _ STO - Appropriated \ Contributions < \underline{STO.Appropriated.Contributions@sto.sc.gov} > \underline{Contributions.Con$

Subject: [External] City of Loris

Please contact me if you have any questions.

Thank you



City of Loris

City Treasurer
Phone (843) 756-4004
www.cityoflorissc.com
aneighbours@CityofLoris.org
4101 Walnut St Loris, SC 29569

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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, 2024.

| Contribution Information | Purpose | Old Loris High School Project |
|--------------------------|---|--------------------------------|
| | State Agency Providing the Contribution | id to Subdivisions - Treasurer |
| | Amount | \$1,000,000 X220 - A |

| The state of the s | |
|--|--------------------------|
| | Organization Information |
| Entity Name | City of Loris |
| Address | 4101 Wainut Street |
| City/State/Zip | Loris, S.C. 29569 |
| Website | cityoflorissc.com |
| Tax ID# | 57-6001069 |
| Entity Type | Municipality |
| | |

| A STATE OF THE STA | Organization Contact Information |
|--|--|
| Name | Willaim Clay Young |
| Position/Title | Position/Title Administrator |
| Telephone | 843-756-4004 |
| Email | williamyoung@cityofloris.org |
| | Secondary Organization Contact Information |
| Name | Angel Neighbours |
| Position/Title | Treasurer |
| Telephone | 843-756-4004 |
| Email | aneighbours@cityofloris.org |

| Quarter 2: October 1, 2024 - December 31, 2024 | |
|--|--|
| Reporting Period | |

| Account | nting of how the funds have been spent | funds have be | an spent: | | | | |
|--|--|---------------|-----------|--------------|-----------|--------|----------------|
| Description | | | | Expenditures | | | |
| (Attach additional detail for subgrantees and affiliated nonprofits) | Budget | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total | Balance |
| Pay-off loan amount on property | \$150,000.00 | \$0.00 | \$0.00 | | | \$0.00 | \$150,000.00 |
| Clean up cost associated with Old Loris High School | \$850,000.00 | \$0.00 | \$0.00 | | | \$0.00 | \$850,000.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 \$0.00 |
| Grand Total | Grand Total \$1,000,000.00 | \$0.00 | \$0.00 | \$0.00 | 00°0\$ | \$0.00 | \$1,000,000.00 |

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. Achin, Hrotol Trtle

Expenditure Certification

Date /

VV. (** IT / Printed Name

From: <u>STO - Appropriated Contributions</u>
To: <u>Angel Neighbours</u>

To: <u>Angel Neighbours</u>
Cc: <u>STO - Appropriated Contributions</u>

Subject: RE: [External] City of Loris
Date: Monday, January 13, 2025 4:03:20 PM

Attachments: 13 City of Loris - Old Loris High School Revitalization Original Submission.pdf

image005.png

Absolutely. I apologize that I missed your call. I am currently in a meeting. Attached is the disbursement request.

-Meg

Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II

South Carolina Treasurer's Office
1200 Senate Street, Suite 214
Wade Hampton Bldg., Columbia, SC 29201
803-734-2658 | STO.Appropriated.Contributions@sto.sc.gov

From: Angel Neighbours <ANeighbours@cityofloris.org>

Sent: Monday, January 13, 2025 3:45 PM

To: _STO - Appropriated Contributions <STO.Appropriated.Contributions@sto.sc.gov>

Subject: RE: [External] City of Loris

Hi Meg,

I've been working on updating this for you. Our administrator is out of the office until Monday January 20th. I don't have a copy of the disbursement request to finish the description and budget section. Could you possibly send me a copy of it? I would like to make sure the wording is correct.

Thank you for your help.



Angel Neighbours
City of Loris

Interim City Treasurer
Phone (843) 756-4004
www.cityoflorissc.com
aneighbours@Cityofloris.org
4101 Walnut St Loris, SC 29569

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From: _STO - Appropriated Contributions <<u>STO.Appropriated.Contributions@sto.sc.gov</u>>

Sent: Wednesday, January 8, 2025 3:02 PM

To: Angel Neighbours < ANeighbours@cityofloris.org>

Cc: _STO - Appropriated Contributions <<u>STO.Appropriated.Contributions@sto.sc.gov</u>>

Subject: RE: [External] City of Loris

Hi Angel,

I did a guick review and there are a few areas that need to be updated.

The Amount section in the contribution section needs to match the award.

Please select quarter 2 from the Reporting Period section's drop down.

The Description and Budget section need to match what was listed on your disbursement request.

Please update your quarterly report and resubmit. If you have any questions, please let me know.



| | Organization Information |
|----------------|--------------------------|
| Entity Name | City of Loris |
| Address | 4101 Walnut Street |
| City/State/Zip | Loris, S.C. 29569 |
| Website | cityoflorissc.com |
| Tax ID# | 57-6001069 |
| Entity Type | Municipality |

| | Reporting Period |
|------------------|------------------|
| Reporting Period | |

| | Organization Contact Information |
|----------------|--|
| Name | Willaim Clay Young |
| Position/Title | Administrator |
| Telephone | 843-756-4004 |
| Email | williamyoung@cityofloris.org |
| | Secondary Organization Contact Information |
| Name | Angel Neighbours |
| Position/Title | Treasurer |
| Telephone | 843-756-4004 |
| Email | aneighbours@cityofloris.org |

| Account | ng of how the | funds have bee | n spent: | | | | |
|--|------------------|----------------|-----------|--------------|-----------|--------|---------|
| Description | SWV455 to ensure | | | Expenditures | | | |
| (Attach additional detail for subgrantees and affiliated nonprofits) | Budget | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total | Balance |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| Grand Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

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

-Meg

Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II

South Carolina Treasurer's Office 1200 Senate Street, Suite 214 Wade Hampton Bldg., Columbia, SC 29201 803-734-2658 Meg.Romaniello@sto.sc.gov

From: Angel Neighbours < ANeighbours@cityofloris.org>

Sent: Tuesday, January 7, 2025 12:14 PM

To: _STO - Appropriated Contributions < STO.Appropriated.Contributions@sto.sc.gov>

Subject: [External] City of Loris

Please contact me if you have any questions.

Thank you



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City of Loris

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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 before the funds can be disbursed.

| Contribution Information | | | | | |
|--------------------------|---|--|--|--|--|
| Amount | State Agency Providing the Contribution | Purpose | | | |
| 000,000 | X220 - Ald to Subdivisions - Treasurer | The City of Loris will use the funds to remove the structures and clean up the property. | | | |

| Organization Information | | | | |
|--------------------------|-----------------------------------|--|--|--|
| Entity Name | City of Loris | | | |
| Address | 4101 Walnut Street - P.O. Box 548 | | | |
| City/State/Zip | Loris/SC/29569 | | | |
| Website | www.cityoflorissc.com | | | |
| Tax ID # | 57-6001069 | | | |
| Entity Type | City Government | | | |
| Vendor # | 7000030163 | | | |
| | Link to Search Vendor Number | | | |

| | Organization Contact Information |
|------------------------------------|---|
| Contact Name | W. Clay Young |
| Position/Title | City Administrator |
| Telephone | 843-756-4004 |
| Email williamyoung@cityofloris.org | |
| | Secondary Organization Contact Information |
| Name | Angel Neighbours |
| Position/Title | City Treasurer |
| Telephone | 843-756-4004 |
| Email | ANeighbours@cityofloris.org |

| Plan/Accounting | g of how these funds w | III be spent: | | |
|--|--------------------------|---|--|--|
| Description | Budget | Explanation | | |
| Pay-Off Loan Amount on Property | \$150,000.00 | This will satisfy the total purchase of the property. | | |
| Estimated Clean-Up Cost Associated with Old Loris High School Property | \$850,000.00 | The funds will be used to clean-up and remove the structures. | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Gr | and Total \$1,000,000.00 | | | |

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

The City of Loris is completing a Phase I environmental report and a VCC application through the Waccamaw Regional Council of Governments, and SC DHEC. The City purchased the property on March 15, 2024, for \$1,500,000 (\$1,000,000 State Grant - \$350,000 City Funds and \$150,000 City Loan). The City and Horry County Government is also working on a redevelopment plan to transform this property into a multi-purpose Government, Recreation and Private development use space. The City's Master Plan Study identified this property as a major economic development site to enable the City to redevelop the downtown properties with additional parking spaces, increased recreational use, and a new public / private re-development site.

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.
- Organization certifies that it will allow the State Auditor to audit or cause to be audited the contributed funds.

Organization Signature

W. Clay Young

Printed Name

City Administrator
Title

12-Sep-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.

| Agency Head Signature Date | |
|---|--|
| Printed Name | |
| *The undersigned is signing on behalf of the Office of the St | ate This packet has been reviewed and is ready for approval and payment. |
| Treasurer (STO) and the State Treasurer. Note that STO is n an agency as defined by Executive Order 2022-19 and | ot Revlewed by: |
| therefore, is not subject to the requirements therein. | Reviewed by: |

From: giSTT Message
To: Romaniello, Meg

Subject: [External] Voice Message from LORIS CITY OF (843-756-4004) on 1/13/25 3:38 PM for 8037342658

Date: Monday, January 13, 2025 3:39:17 PM

Attachments: 8437564004-011325-153830-8037342658-1172411-1.wav



Voice Message from LORIS CITY OF (843-756-4004) on 1/13/25 3:38 PM (4 second msg)

MESSAGE:

"Thank you."

There are 0 new and 0 old messages in your mailbox.

From: Angel Neighbours

To: <u>STO - Appropriated Contributions</u>
Subject: RE: [External] City of Loris
Date: Monday, January 13, 2025 3:45:03 PM

Attachments: image002.png

image002.png image005.png

Hi Meg,

I've been working on updating this for you. Our administrator is out of the office until Monday January 20th. I don't have a copy of the disbursement request to finish the description and budget section. Could you possibly send me a copy of it? I would like to make sure the wording is correct.

Thank you for your help.



Angel Neighbours
City of Loris

Interim City Treasurer
Phone (843) 756-4004
www.cityoflorissc.com
aneighbours@CityofLoris.org
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 $\textbf{From: _STO -} Appropriated Contributions < STO. Appropriated. Contributions @sto.sc.gov > \\$

Sent: Wednesday, January 8, 2025 3:02 PM

To: Angel Neighbours < A Neighbours @cityofloris.org>

 $\textbf{Cc:} \ _STO - Appropriated \ Contributions < STO. Appropriated. Contributions @sto.sc.gov > \\$

 $\textbf{Subject:} \; \mathsf{RE:} \; [\mathsf{External}] \; \mathsf{City} \; \mathsf{of} \; \mathsf{Loris}$

Hi Angel,

I did a guick review and there are a few areas that need to be updated.

The Amount section in the contribution section needs to match the award.

Please select quarter 2 from the Reporting Period section's drop down.

The Description and Budget section need to match what was listed on your disbursement request.

Please update your quarterly report and resubmit. If you have any questions, please let me know.



| | Organization Information |
|----------------|--------------------------|
| Entity Name | City of Loris |
| Address | 4101 Walnut Street |
| City/State/Zip | Loris, S.C. 29569 |
| Website | cityoflorissc.com |
| Tax ID# | 57-6001069 |
| Entity Type | Municipality |

| | Reporting Period |
|------------------|------------------|
| Reporting Period | |

| | Organization Contact Information |
|----------------|--|
| Name | Willaim Clay Young |
| Position/Title | Administrator |
| Telephone | 843-756-4004 |
| Email | williamyoung@cityofloris.org |
| | Secondary Organization Contact Information |
| Name | Angel Neighbours |
| Position/Title | Treasurer |
| Telephone | 843-756-4004 |
| Email | aneighbours@cityofloris.org |

| Account | ing of how the | funds have bee | en spent: | | | | |
|--|----------------|---|-----------|--------------|-----------|--------|------------|
| Description | SAMUE AND SAME | antothi ye beter can alimbi La pagalah kana member | | Expenditures | | | BARTERONA. |
| (Attach additional detail for subgrantees and affiliated nonprofits) | Budget | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total | Balance |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| Grand Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

 $\textbf{Explanation of any unspent funds (to be provided only if unspent funds \textit{remain at the end of the fiscal year)}: \\$

-Meg

Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II

South Carolina Treasurer's Office 1200 Senate Street, Suite 214 Wade Hampton Bldg., Columbia, SC 29201 803-734-2658 Meg.Romaniello@sto.sc.gov

From: Angel Neighbours < ANeighbours@cityofloris.org>

Sent: Tuesday, January 7, 2025 12:14 PM

To: _STO - Appropriated Contributions <<u>STO.Appropriated.Contributions@sto.sc.gov</u>>

Subject: [External] City of Loris

Please contact me if you have any questions.

Thank you



Angel Neighbours
City of Loris

City Treasurer
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aneighbours@CityofLoris.org
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From: STO - Appropriated Contributions

To: Angel Neighbours

 Cc:
 STO - Appropriated Contributions

 Subject:
 RE: [External] City of Loris

 Date:
 Wednesday, January 8, 2025 3:02:05 PM

Attachments: image002.png

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Please update your quarterly report and resubmit. If you have any questions, please let me know.

| 1 | 720 | 2022-13. 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 20, 2024. | | | | | |
|---|--------|--|-------------------------------|--|--|--|--|
| à | | | Contribution Information | | | | |
| Γ | Amount | State Agency Providing the Contribution | Purpose | | | | |
| | | X220 - Aid to Subdivisions - Treasurer | Old Loris High School Project | | | | |

| Organization Information | | | | |
|--------------------------|--------------------|--|--|--|
| Entity Name | City of Loris | | | |
| Address | 4101 Walnut Street | | | |
| City/State/Zip | Loris, S.C. 29569 | | | |
| Website | cityoflorissc.com | | | |
| Tax ID# | 57-6001069 | | | |
| Entity Type | Municipality | | | |

| | Reporting Period |
|------------------|------------------|
| Reporting Period | |

| | Organization Contact Information |
|----------------|--|
| Name | Willaim Clay Young |
| Position/Title | Administrator |
| Telephone | 843-756-4004 |
| Email | williamyoung@cityofloris.org |
| | Secondary Organization Contact Information |
| Name | Angel Neighbours |
| Position/Title | Treasurer |
| Telephone | 843-756-4004 |
| Email | aneighbours@cityofloris.org |

| Accounting of how the funds have been spent: | | | | | | | |
|--|------------|-----------|-----------|--------------|-----------|--------|---------|
| Description | SEGRETARIO | | | Expenditures | | | |
| (Attach additional detail for subgrantees and affiliated nonprofits) | Budget | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total | Balance |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| 1 | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| Grand Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

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

-Meg

Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II

South Carolina Treasurer's Office 1200 Senate Street, Suite 214 Wade Hampton Bldg., Columbia, SC 29201 803-734-2658 | Meg.Romaniello@sto.sc.gov

From: Angel Neighbours <ANeighbours@cityofloris.org>

Sent: Tuesday, January 7, 2025 12:14 PM

 $\textbf{To:} \ _{STO} \ - \ Appropriated \ Contributions < STO. Appropriated. Contributions @ sto.sc.gov > \\$

Subject: [External] City of Loris

Please contact me if you have any questions.

Thank you



Angel Neighbours
City of Loris

City Treasurer
Phone (843) 756-4004
www.cityoflorissc.com
aneighbours@CityofLoris.org
4101 Walnut St Loris, SC 29569

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From: <u>Angel Neighbours</u>

To: <u>STO - Appropriated Contributions</u>

Subject: [External] City of Loris

Date: Tuesday, January 7, 2025 12:16:15 PM

Attachments: image001.png

OLD LORIS HIGH SCHOOL EXPEN REPORT 01072025.pdf

Please contact me if you have any questions.

Thank you



Angel Neighbours City of Loris

City Treasurer
Phone (843) 756-4004
www.cityoflorissc.com
aneighbours@CityofLoris.org
4101 Walnut St Loris, SC 29569

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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, 2024.

| Contribution Information | Purpose | Old Loris High School Project |
|--------------------------|---|--|
| | State Agency Providing the Contribution | X220 - Aid to Subdivisions - Treasurer |
| | Amount | |

| rting Period | |
|--------------|----------|
| g Pel | |
| | |
| Reg | |
| | |
| | |
| | riod |
| | rting Pe |
| | ē |

| | Organization Contact Information |
|------------------------------|--|
| Name | Willaim Clay Young |
| Position/Title Administrator | Administrator |
| Telephone | 843-756-4004 |
| Email | williamyoung@cityofloris.org |
| | Secondary Organization Contact Information |
| Name | Angel Neighbours |
| Position/Title Treasurer | Treasurer |
| Telephone | 843-756-4004 |
| Email | aneighbours@cityofloris.org |

| Account | ing of how the | Accounting of how the funds have been spent: | (ਤ੍ਰਾਂਦਿ | Expenditures | | | |
|--|----------------|--|-----------|--------------|-----------|--------|---------|
| (Attach additional detail for subgrantees and affiliated nonprofits) | Budget | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total | Balance |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| Lichter minimum meren errennen | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| de de de des des de des de des de des des | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| Marken and the state of the sta | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| THE RESIDENCE OF THE PARTY OF T | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| | | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 |
| Service and the service and th | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

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. City Administrator Title

Expenditure Certification

Date

Printed Name

From: STO - Appropriated Contributions

To: <u>williamyoung@cityofloris.org</u>; <u>Angel Neighbours</u>

Cc: STO - Appropriated Contributions

Subject: Quarterly Update Reminder for FY25 Appropriated Earmarks - Proviso 117.21

Date: Thursday, January 2, 2025 5:51:47 PM

Happy New Year!

This is a reminder about your quarterly update that is due soon. Since this is the first report you will be submitting, please see below for some helpful notes.

Please update and submit the quarterly expenditure report to

<u>STO.Appropriated.Contributions@sto.sc.gov</u> by the 15th of the month following the end of each quarter.

Q2 (ending 12/31/24) update due date: 1/15/25

Helpful Notes:

- Contribution Information, Organization Information, Organization Contact Information, and Secondary Organization Contact Information
 - The information in these cells should match what was listed in your approved Disbursement Request form.
 - The contact information should be updated if changes have been made since the Disbursement Request form was submitted.
- Reporting Period
 - Even though this is your first quarterly report due, this is technically the Quarter 2 report.
- Accounting of how the funds have been spent:
 - Description and Budget should match what was provided in your approved Disbursement Request form unless addition detail is needing/able to be provided.
 - Some organization knowing that they will receive the funds within the fiscal
 year start spending the funds July 1. If that occurred, you would put the
 expenses that occurred during the July 1 to September 30 time frame in the
 Quarter 1 column, and the expenses that occurred October 1 to December 31
 in Quarter 2 column.
 - If no expenses have occurred since July 1, please put zeros in both Quarter 1 and Quarter 2 columns.
 - If funds are provided to subgrantees and/or affiliated non-profits, a description of how they are sending the funds is required per the proviso.
- Explanation of any unspent funds
 - Only needs to be completed on the Q4 report at the end of each fiscal year.

If you have any questions, please do not hesitate to reach out to me.

Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II

South Carolina Treasurer's Office 1200 Senate Street, Suite 214 Wade Hampton Bldg., Columbia, SC 29201 803-734-2658 | STO.Appropriated.Contributions@sto.sc.gov From: Angel Neighbours

To: STO - Appropriated Contributions

Subject: RE: [External] RE: FY25 Appropriated Contributions Payment Confirmation and Quarterly Expenditure Report

Information

Date: Tuesday, October 29, 2024 11:08:44 AM

Attachments: image001.png

Thank you Meg..



Angel Neighbours

City of Loris

Interim City Treasurer
Phone (843) 756-4004
www.cityoflorissc.com
aneighbours@CityofLoris.org
4101 Walnut St Loris, SC 29569

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From: _STO - Appropriated Contributions <STO.Appropriated.Contributions@sto.sc.gov>

Sent: Tuesday, October 29, 2024 10:53 AM

To: Angel Neighbours <ANeighbours@cityofloris.org>

Cc: STO - Appropriated Contributions <STO.Appropriated.Contributions@sto.sc.gov>

Subject: RE: [External] RE: FY25 Appropriated Contributions Payment Confirmation and Quarterly

Expenditure Report Information

Hi Angel,

Please see attached.

-Meg

From: Angel Neighbours < <u>ANeighbours@cityofloris.org</u>>

Sent: Friday, October 25, 2024 8:03 AM

To: _STO - Appropriated Contributions < <u>STO.Appropriated.Contributions@sto.sc.gov</u>>

Subject: [External] RE: FY25 Appropriated Contributions Payment Confirmation and Quarterly

Expenditure Report Information

Good Morning Meg,

It seems the template is not coming through. Could you resend this for me?

Thank you



Angel Neighbours City of Loris

Interim City Treasurer
Phone (843) 756-4004
www.cityoflorissc.com
aneighbours@CityofLoris.org
4101 Walnut St Loris, SC 29569

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From: _STO - Appropriated Contributions <<u>STO.Appropriated.Contributions@sto.sc.gov</u>>

Sent: Thursday, October 24, 2024 5:43 PM

To: W. Clay Young < <u>williamyoung@cityofloris.org</u>>; Angel Neighbours

<a href="mailto: ANeighbours@cityofloris.org

Cc: STO - Appropriated Contributions <<u>STO.Appropriated.Contributions@sto.sc.gov</u>>

Subject: FY25 Appropriated Contributions Payment Confirmation and Quarterly Expenditure Report

Information

Hello,

Please see attached for your payment confirmation letter.

I have also included your quarterly expenditure report spreadsheet that you will use as well as instructions.

Below is the schedule of when quarterly reports are due. Your first quarterly reports will be due **January 15, 2025**.

| | Quarterly Update Schedule | | | | | | | |
|------------|---------------------------|--------------|------------|------------|--|--|--|--|
| Time Frame | 7/1 - 9/30 | 10/1 - 12/31 | 1/1 - 3/31 | 4/1 - 6/30 | | | | |
| | | | | | | | | |

| Due Date | 10/15 | 1/15 | 4/15 | 7/15 |
|----------|-------|------|------|------|
|----------|-------|------|------|------|

^{*} Quarterly Update requirement continues until all funds have been spent.

Since funds are just being received, your organization may not have any expenditures to report. If that is the case, you will put zeros in the expenditure section with the quarters that had no expenses.

Please note that we must have separate quarterly expenditure reports per appropriation. If you have any questions or issues with the spreadsheet, please do not hesitate to reach out.

Thank you, Meg

Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II

South Carolina Treasurer's Office 1200 Senate Street, Suite 214 Wade Hampton Bldg., Columbia, SC 29201 803-734-2658 | STO.Appropriated.Contributions@sto.sc.gov From: STO - Appropriated Contributions

To: <u>"Angel Neighbours"</u>

Cc: <u>STO - Appropriated Contributions</u>

Subject: RE: [External] RE: FY25 Appropriated Contributions Payment Confirmation and Quarterly Expenditure Report

Information

Date: Tuesday, October 29, 2024 10:52:46 AM
Attachments: FY25 Quarterly Expenditure Report template.xlsx

image001.png

Hi Angel,

Please see attached.

-Meg

From: Angel Neighbours < A Neighbours@cityofloris.org>

Sent: Friday, October 25, 2024 8:03 AM

To: _STO - Appropriated Contributions <STO.Appropriated.Contributions@sto.sc.gov>

Subject: [External] RE: FY25 Appropriated Contributions Payment Confirmation and Quarterly

Expenditure Report Information

Good Morning Meg,

It seems the template is not coming through. Could you resend this for me?

Thank you



Angel Neighbours
City of Loris

Interim City Treasurer
Phone (843) 756-4004
www.cityoflorissc.com
aneighbours@CityofLoris.org
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From: _STO - Appropriated Contributions <<u>STO.Appropriated.Contributions@sto.sc.gov</u>>

Sent: Thursday, October 24, 2024 5:43 PM

To: W. Clay Young < williamyoung@cityofloris.org >; Angel Neighbours

<a href="mailto: ANeighbours@cityofloris.org

Cc: _STO - Appropriated Contributions <<u>STO.Appropriated.Contributions@sto.sc.gov</u>>

Subject: FY25 Appropriated Contributions Payment Confirmation and Quarterly Expenditure Report

Information

Hello,

Please see attached for your payment confirmation letter.

I have also included your quarterly expenditure report spreadsheet that you will use as well as instructions.

Below is the schedule of when quarterly reports are due. Your first quarterly reports will be due **January 15, 2025**.

| | Quarterl | y Update Sch | edule | | | | | |
|-----------------|--|--------------|-------|------|--|--|--|--|
| Time Frame | Time Frame 7/1 - 9/30 10/1 - 12/31 1/1 - 3/31 4/1 - 6/30 | | | | | | | |
| Due Date | 10/15 | 1/15 | 4/15 | 7/15 | | | | |

^{*} Quarterly Update requirement continues until all funds have been spent.

Since funds are just being received, your organization may not have any expenditures to report. If that is the case, you will put zeros in the expenditure section with the quarters that had no expenses.

Please note that we must have separate quarterly expenditure reports per appropriation. If you have any questions or issues with the spreadsheet, please do not hesitate to reach out.

Thank you, Meg

Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II

South Carolina Treasurer's Office 1200 Senate Street, Suite 214 Wade Hampton Bldg., Columbia, SC 29201 803-734-2658 | STO.Appropriated.Contributions@sto.sc.gov

SOUTH CAROLINA OFFICE OF THE STATE TREASURER CONTRIBUTION EXPENDITURE REPORT

INSTRUCTIONS

Below are details about the various sections of the contribution expenditure report that is due quarterly as well as some answers to frequently asked questions.

- Contribution Information
 - o This section should match what was listed on the disbursement request form your organization submitted.
 - o The State Agency Providing the Contribution should match what is listed in Proviso 118.20.
- Organization Information
 - o This section should match what was listed on the disbursement request form your organization submitted.
- Organization Contact Information and Secondary Organization Contact Information
 - o This section should match what was listed on the disbursement request form your organization submitted unless the contacts need to be updated.
 - If updates are needed, please provide the new contact information in this section.
- Reporting Period
 - o This represents the period that the expenses occurred.
 - o Please select an option from the drop-down menu.
- · Accounting of how the funds have been spent:
 - o Description
 - This section should match what was listed on the disbursement request form your organization submitted unless you are able to provide additional details than what was originally submitted. If detailed information is available, it is preferred.
 - o Budget
- This section should match what was listed on the disbursement request form your organization submitted.
- Over time, organizations have had to move funds between budget lines due to a change in need for certain areas. This is allowable as long as the total budget matches what was awarded.
- o Expenditures
 - The total amount for each budget line that was spent during the quarter.
 - If no expenses occurred for a specific budget line during a quarter, please put a zero.
 - Blank columns will lead us to believe that your organization still needs to input data.
- · Explanation of any unspent funds
 - o This section will only need to be completed on the Q4 report each fiscal year until the funds are fully spent.
- Expenditure Certifications
 - o The person who signs this section should be the individual that the organization chooses as the certifier that the information provided is accurate.

Completed forms should be emailed directly to STO.Appropriated.Contributions@sto.sc.gov.

At the end of each fiscal year, after Q4 reports are received, organizations that have funds remaining to be spent will receive an updated template for them to use for the next fiscal year. This updated report will include the balance of what was spent in the previous fiscal year to assist organizations with tracking the remining balance of their funds.



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, 2024.

| | | Contribution Information |
|--------|---|--------------------------|
| Amount | State Agency Providing the Contribution | Purpose |
| | X220 - Aid to Subdivisions - Treasurer | |

| Organization Information | | | | |
|--------------------------|--|--|--|--|
| Entity Name | | | | |
| Address | | | | |
| City/State/Zip | | | | |
| Website | | | | |
| Tax ID# | | | | |
| Entity Type | | | | |

| Reporting Period | | |
|------------------|--|--|
| Reporting Period | | |

| | Organization Contact Information | | | |
|----------------|--|--|--|--|
| Name | | | | |
| Position/Title | | | | |
| Telephone | | | | |
| Email | | | | |
| | Secondary Organization Contact Information | | | |
| Name | | | | |
| Position/Title | | | | |
| Telephone | | | | |
| Email | | | | |

| Accounting of how the funds have been spent: | | | | | | | |
|--|--------|-----------|-----------|--------------|-----------|--------|---------|
| Description | | | | Expenditures | | | |
| (Attach additional detail for subgrantees and affiliated nonprofits) | Budget | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total | Balance |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| Grand Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

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

| | Expenditure Certification | |
|--|---|--|
| The Organization certifies that the fu | ands have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose. | |
| | | |
| | <u></u> | |
| Signature | Title | |
| | | |
| Printed Name | Date | |

From: Angel Neighbours

To: _STO - Appropriated Contributions

Subject: [External] RE: FY25 Appropriated Contributions Payment Confirmation and Quarterly Expenditure Report

Information

Date: Friday, October 25, 2024 8:02:50 AM

Attachments: image002.png

Good Morning Meg,

It seems the template is not coming through. Could you resend this for me?

Thank you



Angel Neighbours City of Loris

Interim City Treasurer
Phone (843) 756-4004
www.cityoflorissc.com
aneighbours@CityofLoris.org
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From: _STO - Appropriated Contributions <STO.Appropriated.Contributions@sto.sc.gov>

Sent: Thursday, October 24, 2024 5:43 PM

To: W. Clay Young <williamyoung@cityofloris.org>; Angel Neighbours

<ANeighbours@cityofloris.org>

Cc: _STO - Appropriated Contributions <STO.Appropriated.Contributions@sto.sc.gov>

Subject: FY25 Appropriated Contributions Payment Confirmation and Quarterly Expenditure Report

Information

Hello,

Please see attached for your payment confirmation letter.

I have also included your quarterly expenditure report spreadsheet that you will use as well as instructions.

Below is the schedule of when quarterly reports are due. Your first quarterly reports will be due

January 15, 2025.

| Quarterly Update Schedule | | | | | | | |
|---------------------------|------------|--------------|------------|------------|--|--|--|
| Time Frame | 7/1 - 9/30 | 10/1 - 12/31 | 1/1 - 3/31 | 4/1 - 6/30 | | | |
| Due Date | 10/15 | 1/15 | 4/15 | 7/15 | | | |

^{*} Quarterly Update requirement continues until all funds have been spent.

Since funds are just being received, your organization may not have any expenditures to report. If that is the case, you will put zeros in the expenditure section with the quarters that had no expenses.

Please note that we must have separate quarterly expenditure reports per appropriation. If you have any questions or issues with the spreadsheet, please do not hesitate to reach out.

Thank you, Meg

Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II

South Carolina Treasurer's Office 1200 Senate Street, Suite 214 Wade Hampton Bldg., Columbia, SC 29201 803-734-2658|STO.Appropriated.Contributions@sto.sc.gov From: STO - Appropriated Contributions

To: williamyoung@cityofloris.org; Angel Neighbours

Cc: <u>STO - Appropriated Contributions</u>

Subject: FY25 Appropriated Contributions Payment Confirmation and Quarterly Expenditure Report Information

Date: Thursday, October 24, 2024 5:43:11 PM

Attachments: Appropriated Grants Letter - City of Loris - Old Loris High School Revitalization.pdf

Quarterly Expenditure Report Instructions.pdf FY25 Quarterly Expenditure Report template.xlsx

Hello,

Please see attached for your payment confirmation letter.

I have also included your quarterly expenditure report spreadsheet that you will use as well as instructions.

Below is the schedule of when quarterly reports are due. Your first quarterly reports will be due **January 15, 2025**.

| Quarterly Update Schedule | | | | | | |
|---------------------------|------------|--------------|------------|------------|--|--|
| Time Frame | 7/1 - 9/30 | 10/1 - 12/31 | 1/1 - 3/31 | 4/1 - 6/30 | | |
| Due Date | 10/15 | 1/15 | 4/15 | 7/15 | | |

^{*} Quarterly Update requirement continues until all funds have been spent.

Since funds are just being received, your organization may not have any expenditures to report. If that is the case, you will put zeros in the expenditure section with the quarters that had no expenses.

Please note that we must have separate quarterly expenditure reports per appropriation. If you have any questions or issues with the spreadsheet, please do not hesitate to reach out.

Thank you, Meg

Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II

South Carolina Treasurer's Office 1200 Senate Street, Suite 214 Wade Hampton Bldg., Columbia, SC 29201 803-734-2658 | STO.Appropriated.Contributions@sto.sc.gov



October 23, 2024

Clay Young and Angel Neighbours City of Loris 4101 Walnut Street Loris, South Carolina 29569

Dear Clay Young and Angel Neighbours:

Thank you for submitting the required documentation outlined in Budget Proviso 117.21 to receive funds from the Appropriations Act. An ACH payment has been processed for \$1,000,000 representing your organization's appropriated contributions. In accordance with Budget Proviso 117.21, you will now need to submit quarterly updates on funds spent. A schedule has been provided below for your reference. Your first quarterly report will be due January 15, 2025.

| Quarterly Update Schedule | | | | | | |
|---------------------------|--|------|------|------|--|--|
| Time Frame | Time Frame 7/1 - 9/30 10/1 - 12/31 1/1 - 3/31 4/1 - 6/30 | | | | | |
| Due Date | 10/15 | 1/15 | 4/15 | 7/15 | | |

^{*} Quarterly Update requirement continues until all funds have been spent.

The template for the quarterly reports is attached. If your organization has multiple appropriated contributions, each contribution will need a quarterly report. All completed reports should be submitted via email to STO.Appropriated.Contributions@sto.sc.gov.

Should you have any questions, please email me at the address above or call me at (803)734-2658.

Sincerely,

Meg Romaniello

Accounting/Fiscal Manager II

SOUTH CAROLINA OFFICE OF THE STATE TREASURER CONTRIBUTION EXPENDITURE REPORT

INSTRUCTIONS

Below are details about the various sections of the contribution expenditure report that is due quarterly as well as some answers to frequently asked questions.

- Contribution Information
 - o This section should match what was listed on the disbursement request form your organization submitted.
 - o The State Agency Providing the Contribution should match what is listed in Proviso 118.20.
- Organization Information
 - o This section should match what was listed on the disbursement request form your organization submitted.
- Organization Contact Information and Secondary Organization Contact Information
 - This section should match what was listed on the disbursement request form your organization submitted unless the contacts need to be updated.
 - If updates are needed, please provide the new contact information in this section.
- Reporting Period
 - o This represents the period that the expenses occurred.
 - o Please select an option from the drop-down menu.
- Accounting of how the funds have been spent:
 - o Description
 - This section should match what was listed on the disbursement request form your organization submitted unless you are able to provide additional details than what was originally submitted. If detailed information is available, it is preferred.
 - o Budget
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 - Over time, organizations have had to move funds between budget lines due to a change in need for certain areas. This is allowable as long as the total budget matches what was awarded.
 - Expenditures
 - The total amount for each budget line that was spent during the quarter.
 - If no expenses occurred for a specific budget line during a quarter, please put a zero.
 - Blank columns will lead us to believe that your organization still needs to input data.
- Explanation of any unspent funds
 - o This section will only need to be completed on the Q4 report each fiscal year until the funds are fully spent.
- Expenditure Certifications
 - o The person who signs this section should be the individual that the organization chooses as the certifier that the information provided is accurate.

Completed forms should be emailed directly to STO.Appropriated.Contributions@sto.sc.gov.

At the end of each fiscal year, after Q4 reports are received, organizations that have funds remaining to be spent will receive an updated template for them to use for the next fiscal year. This updated report will include the balance of what was spent in the previous fiscal year to assist organizations with tracking the remining balance of their funds.

SOUTH CAROLINA OFFICE OF THE STATE TREASURER CONTRIBUTION EXPENDITURE REPORT

INSTRUCTIONS

Below are details about the various sections of the contribution expenditure report that is due quarterly as well as some answers to frequently asked questions.

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 - o This section should match what was listed on the disbursement request form your organization submitted.
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 - If updates are needed, please provide the new contact information in this section.
- Reporting Period
 - o This represents the period that the expenses occurred.
 - o Please select an option from the drop-down menu.
- · Accounting of how the funds have been spent:
 - o Description
 - This section should match what was listed on the disbursement request form your organization submitted unless you are able to provide additional details than what was originally submitted. If detailed information is available, it is preferred.
 - o Budget
- This section should match what was listed on the disbursement request form your organization submitted.
- Over time, organizations have had to move funds between budget lines due to a change in need for certain areas. This is allowable as long as the total budget matches what was awarded.
- o Expenditures
 - The total amount for each budget line that was spent during the quarter.
 - If no expenses occurred for a specific budget line during a quarter, please put a zero.
 - Blank columns will lead us to believe that your organization still needs to input data.
- · Explanation of any unspent funds
 - o This section will only need to be completed on the Q4 report each fiscal year until the funds are fully spent.
- Expenditure Certifications
 - o The person who signs this section should be the individual that the organization chooses as the certifier that the information provided is accurate.

Completed forms should be emailed directly to STO.Appropriated.Contributions@sto.sc.gov.

At the end of each fiscal year, after Q4 reports are received, organizations that have funds remaining to be spent will receive an updated template for them to use for the next fiscal year. This updated report will include the balance of what was spent in the previous fiscal year to assist organizations with tracking the remining balance of their funds.



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, 2024.

| | | Contribution Information |
|--------|---|--------------------------|
| Amount | State Agency Providing the Contribution | Purpose |
| | X220 - Aid to Subdivisions - Treasurer | |

| Organization Information | | | | |
|--------------------------|--|--|--|--|
| Entity Name | | | | |
| Address | | | | |
| City/State/Zip | | | | |
| Website | | | | |
| Tax ID# | | | | |
| Entity Type | | | | |

| | Reporting Period |
|------------------|------------------|
| Reporting Period | |

| Organization Contact Information | | | |
|----------------------------------|--|--|--|
| Name | | | |
| Position/Title | | | |
| Telephone | | | |
| Email | | | |
| : | Secondary Organization Contact Information | | |
| Name | | | |
| Position/Title | | | |
| Telephone | | | |
| Email | | | |

| Accounting of how the funds have been spent: | | | | | | | |
|--|--------|--------------|-----------|-----------|-----------|--------|---------|
| Description | | Expenditures | | | | | |
| (Attach additional detail for subgrantees and affiliated nonprofits) | Budget | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total | Balance |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| Grand Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

| Final and the standard of the beautiful and the beautiful and the standard of |
|---|
| Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year) : |
| |
| |
| |
| |
| |

| | 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. | | | | |
| | | | | |
| | <u> </u> | | | |
| Signature | Title | | | |
| | <u> </u> | | | |
| Printed Name | Date | | | |

From: W. Clay Young

To: <u>STO - Appropriated Contributions</u>
Cc: <u>Angel Neighbours; Romaniello, Meg</u>

Subject: RE: [External] City of Loris FY 2024-2025 - Appropriations Act

Date: Monday, September 16, 2024 3:14:19 PM

Attachments: image001.png

City of Loris - STO APP 2024.pdf

Thanks, please let me know if you need anything else.

Clay

From: _STO - Appropriated Contributions <STO.Appropriated.Contributions@sto.sc.gov>

Sent: Monday, September 16, 2024 2:58 PM

To: W. Clay Young < williamyoung@cityofloris.org>

Cc: Angel Neighbours <ANeighbours@cityofloris.org>; _STO - Appropriated Contributions

<STO.Appropriated.Contributions@sto.sc.gov>

Subject: RE: [External] City of Loris FY 2024-2025 - Appropriations Act

Hi Clay,

It appears that there were some areas left blank on your submission. Please update and resubmit. Based on the information you provided, your vendor number is 7000030153.

If you have any questions, please let me know.

| | | Con |
|--------|---|--------|
| Amount | State Agency Providing the Contribution | |
| | X220 - Aid to Subdivisions - Treasurer | The Ci |

| Organization Information | | |
|--------------------------|-----------------------------------|--|
| Entity Name | City of Loris | |
| Address | 4101 Walnut Street - P.O. Box 548 | |
| City/State/Zip | Loris/SC/29569 | |
| Website | www.cityoflorissc.com | |
| Tax ID # | 57-6001069 | |
| Entity Type | | |
| Vendor# | | |

Link to Search Vendor Number

-Meg

South Carolina Treasurer's Office 1200 Senate Street, Suite 214 Wade Hampton Bldg., Columbia, SC 29201 803-734-2658 | Meg.Romaniello@sto.sc.gov

----Original Message-----

From: W. Clay Young < williamyoung@cityofloris.org >

Sent: Thursday, September 12, 2024 10:58 AM

To: _STO - Appropriated Contributions <<u>STO.Appropriated.Contributions@sto.sc.gov</u>>

Cc: Angel Neighbours < ANeighbours@cityofloris.org>; Romaniello, Meg

< Meg. Romaniello@sto.sc.gov>

Subject: [External] City of Loris FY 2024-2025 - Appropriations Act

For your information.

W. Clay Young
City Administrator
City of Loris
4101 Walnut Street - P.O. Box 548
Loris, S.C. 29569
843-756-4004 Office

https://gcc02.safelinks.protection.outlook.com/?

 $\label{lem:composition} $$ url=http%3A%2F%2Fwww.cityoflorissc.com%2F\&data=05\%7C02\%7CSTO.Appropriated.Contribution $$ 40sto.sc.gov\%7C799d448392f24146d1ca08dcd33b4467\%7Ce9f8d01480d84f27b0d6c3d6c085fcdd $$ d\%7C0\%7C0\%7C638617499106354481\%7CUnknown\%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTil6lk1haWwiLCJXVCl6Mn0%3D%7C60000%7C%7C%7C&sdata=qU9mFjVUfr7e%2Fc3FreXA4X6PO0vg4ufwpEwzoRD48dw%3D&reserved=0$

Cc: Angel Neighbours - City Treasurer



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 before the funds can be disbursed.

| | | Contribution Information | |
|-----------|---|--|--|
| Amount | State Agency Providing the Contribution | Purpose | |
| 1,000,000 | X220 - Ald to Subdivisions - Treasurer | The City of Loris will use the funds to remove the structures and clean up the property. | |

| Organization Information | | |
|--------------------------|-----------------------------------|--|
| Entity Name | City of Loris | |
| Address | 4101 Walnut Street - P.O. Box 548 | |
| City/State/Zip | Loris/SC/29569 | |
| Website | www.cityoflorissc.com | |
| Tax ID # | 57-6001069 | |
| Entity Type | City Government | |
| Vendor # | 7000030163 | |
| | Link to Search Vendor Number | |

| | Organization Contact Information |
|---------------------|--|
| Contact Name | W. Clay Young |
| Position/Title | City Administrator |
| Telephone | 843-756-4004 |
| Email | williamyoung@cityofloris.org |
| | Secondary Organization Contact Information |
| Name | Angel Neighbours |
| Position/Title | City Treasurer |
| Telephone | 843-756-4004 |
| Email | ANeighbours@cityofloris.org |

| Plan/Accounting | g of how these funds w | III be spent: |
|--|--------------------------|---|
| Description | Budget | Explanation |
| Pay-Off Loan Amount on Property | | This will satisfy the total purchase of the property. |
| Estimated Clean-Up Cost Associated with Old Loris High School Property | | The funds will be used to clean-up and remove the structures. |
| | | |
| | | |
| | | |
| | | |
| | | |
| Gr | and Total \$1,000,000.00 | |

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

The City of Loris is completing a Phase I environmental report and a VCC application through the Waccamaw Regional Council of Governments, and SC DHEC. The City purchased the property on March 15, 2024, for \$1,500,000 (\$1,000,000 State Grant - \$350,000 City Funds and \$150,000 City Loan). The City and Horry County Government is also working on a redevelopment plan to transform this property into a multi-purpose Government, Recreation and Private development use space. The City's Master Plan Study identified this property as a major economic development site to enable the City to redevelop the downtown properties with additional parking spaces, increased recreational use, and a new public / private re-development site.

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 City Adn
Title
W. Clay Young 12-Sep-Printed Name Date

| City Administrator | | |
|--------------------|--|--|
| Title | | |
| 12-Sep-24 | | |

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 Date | |
|---|--|
| Printed Name | |
| *The undersigned is signing on behalf of the Office of the State | This packet has been reviewed and is ready for approval and payment. |
| Treasurer (STO) and the State Treasurer. Note that STO is not an agency as defined by Executive Order 2022-19 and | Reviewed by: |
| therefore is not subject to the requirements therein. | Reviewed by: |

From: <u>STO - Appropriated Contributions</u>

To: W. Clay Young

Cc: Angel Neighbours; STO - Appropriated Contributions

Subject: RE: [External] City of Loris FY 2024-2025 - Appropriations Act

Date: Monday, September 16, 2024 2:58:04 PM

Attachments: <u>image001.png</u>

Hi Clay,

It appears that there were some areas left blank on your submission. Please update and resubmit. Based on the information you provided, your vendor number is 7000030153.

If you have any questions, please let me know.

| | | Con |
|--------|---|--------|
| Amount | State Agency Providing the Contribution | |
| | X220 - Aid to Subdivisions - Treasurer | The Ci |

| Organization Information | | |
|--------------------------|-----------------------------------|--|
| Entity Name | City of Loris | |
| Address | 4101 Walnut Street - P.O. Box 548 | |
| City/State/Zip | Loris/SC/29569 | |
| Website | www.cityoflorissc.com | |
| Tax ID # | 57-6001069 | |
| Entity Type | | |
| Vendor# | | |

Link to Search Vendor Number

-Meg

Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II South Carolina Treasurer's Office 1200 Senate Street, Suite 214 Wade Hampton Bldg., Columbia, SC 29201 803-734-2658 | Meg.Romaniello@sto.sc.gov

----Original Message-----

From: W. Clay Young williamyoung@cityofloris.org Sent: Thursday, September 12, 2024 10:58 AM

To: _STO - Appropriated Contributions <STO.Appropriated.Contributions@sto.sc.gov>

Cc: Angel Neighbours < A Neighbours @ cityofloris.org >; Romaniello, Meg

<Meg.Romaniello@sto.sc.gov>

Subject: [External] City of Loris FY 2024-2025 - Appropriations Act

For your information.

W. Clay Young
City Administrator
City of Loris
4101 Walnut Street - P.O. Box 548
Loris, S.C. 29569
843-756-4004 Office

https://gcc02.safelinks.protection.outlook.com/?

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Cc: Angel Neighbours - City Treasurer

Fine W. Day Yang

The Committee Comm



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 | |
| | X220 - Aid to Subdivisions - Treasurer | The City of Loris will use the funds to remove the structures and clean up the property. | |

| Organization Information | | |
|--------------------------|-----------------------------------|--|
| Entity Name | City of Loris | |
| Address | 4101 Walnut Street - P.O. Box 548 | |
| City/State/Zip | Loris/SC/29569 | |
| Website | www.cityoflorissc.com | |
| Tax ID# | 57-6001069 | |
| Entity Type | | |
| Vendor# | | |

| | Vendor N | |
|--|----------|--|
| | | |
| | | |

| Organization Contact Information | |
|----------------------------------|--|
| Contact Name | W. Clay Young |
| Position/Title | City Administrator |
| Telephone | 843-756-4004 |
| Email | williamyoung@cityofloris.org |
| | Secondary Organization Contact Information |
| Name | Angel Neighbours |
| Position/Title | City Treasurer |
| Telephone | 843-756-4004 |
| Email | ANeighbours@cityofloris.org |

| Plan/Accounting of how | these funds w | ill be spent: |
|--|----------------|---|
| Description | Budget | Explanation |
| Pay-Off Loan Amount on Property | \$150,000.00 | This will satisfy the total purchase of the property. |
| Estimated Clean-Up Cost Associated with Old Loris High School Property | \$850,000.00 | The funds will be used to clean-up and remove the structures. |
| | | |
| | | |
| | | |
| | | |
| | | |
| Grand Total | \$1,000,000.00 | |

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

The City of Loris is completing a Phase I environmental report and a VCC application through the Waccamaw Regional Council of Governments, and SC DHEC. The City purchased the property on March 15, 2024, for \$1,500,000 (\$1,000,000 State Grant - \$350,000 City Funds and \$150,000 City Loan). The City and Horry County Government is also working on a redevelopment plan to transform this property into a multi-purpose Government, Recreation and Private development use space. The City's Master Plan Study identified this property as a major economic development site to enable the City to redevelop the downtown properties with additional parking spaces, increased recreational use, and a new public / private re-development site.

- 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

W. Clay Young **Printed Name**

City Administrator 12-Sep-24

Date

- 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 Date Printed Name

*The undersigned is signing on behalf of the Office of the State This packet has been reviewed and is ready for approval and payment. Treasurer (STO) and the State Treasurer. Note that STO is not an agency as defined by Executive Order 2022-19 and therefore, is not subject to the requirements therein.

Reviewed by:

From: STO - Appropriated Contributions
To: williamyoung@cityofloris.org
Cc: STO - Appropriated Contributions

Subject: FY25 Appropriated Contributions Enrollment Packet

Date: Wednesday, September 11, 2024 11:55:31 AM

Attachments: STO Appropriated Funds Cover Letter - City of Loris - Old Loris High School Revitalization.pdf

FY25 Earmarked Appropriations Disbursement Request form update.xlsx

Hello,

The State of South Carolina Fiscal Year 2024-2025 Appropriations Act provides the revenue for State government to meet its budgetary expenses. This year's Act included allocations to the Office of the State Treasurer (STO) reserved as one-time appropriations for contributions to outside organizations. Your organization was selected as one of those outside organizations. I have attached 2 files as part of your enrollment packet. Please read the Appropriated Funds Cover Letter first. There you will find important information regarding FY 2024-2025 reporting requirements and guidance on how to complete the Earmarked Appropriations Disbursement Request form. In order for funds to be disbursed to your organization, you will not only need to submit the Earmarked Appropriations Disbursement Request form but also be registered with the Secretary of State's ("SOS") Office and as a vendor with the State of South Carolina. Details on how to register with the SOS and as a vendor will be included in the attached letter. The registration with the SOS is required per Proviso 118.20.D, but it does not apply to governmental entities or entities created by statute. All completed forms should be submitted to the STO - Appropriated Contributions email address listed below.

STO.Appropriated.Contributions@sto.sc.gov

In accordance with Executive Order 2022-19, STO is required to promptly make available for public review and inspection on our website any and all reports, accountings, forms, updates, communications, or other materials required by Proviso 117.21. Below is the link to where the information will be available on our website.

https://treasurer.sc.gov/about-us/transparency/earmark-transparency/

If you have any questions, please do not hesitate to contact us.

Thank you,

-Meg

Meg Romaniello, MBA, CPM | Accounting/Fiscal Manager II

South Carolina Treasurer's Office 1200 Senate Street, Suite 214 Wade Hampton Bldg., Columbia, SC 29201 803-734-2658 | Meg.Romaniello@sto.sc.gov Clay Young
City of Loris
4101 Walnut Street
Loris, South Carolina 29569

RE: State Appropriated Contributions, FY 24-25 Reporting Requirements

Dear Clay Young:

The State of South Carolina Fiscal Year 2024-2025 Appropriations Act provides the revenue for State government to meet its budgetary expenses. This year's Act included allocations to the Office of the State Treasurer (STO) reserved as one-time appropriations for contributions to outside organizations. The amount below indicates the funds which have been allotted in our agency's budget for your organization.

Organization receiving appropriated funds:
City of Loris - Old Loris High School Revitalization

<u>Amount</u> \$1,000,000.00

Budget Proviso 117.21 outlines reporting requirements for recipients of appropriated contributions. In addition, please note that Section 11-9-110 of the South Carolina Code requires that you agree to be audited by the State Auditor. (A copy of these applicable laws is attached for your convenience.)

Please see enclosed Excel workbook for data we must collect to be able to disburse these funds. This initial report, along with other information as detailed within the instructions, must be submitted in electronic format to STO prior to funds being dispersed. After the funds have been dispersed, you must complete quarterly spending reports until funds are fully expended. The quarterly report template will be provided at a future date. Your submissions will be forwarded to the Chairman of the Senate Finance Committee, the Chairman of the House Ways and Means Committee, and the Executive Budget Office by the STO. Per Governor McMaster's Executive Order 2022-19, any and all reports, accountings, forms, updates, communications, or other materials required by Proviso 117.21 will be made available for public review and inspection on the STO website.

Please note that to be paid by the State of South Carolina, you must be a registered vendor of the State. If you are not already a registered vendor, please see https://procurement.sc.gov/doing-biz/registration to complete this required task. Once registered, please ensure you include your State of SC vendor number on the enclosed Earmarked Appropriations Disbursement Request form when you return it to the STO.

In accordance with Proviso 118.20.D, funds shall not be disbursed until verification that receiver's organization is registered as a business, nonprofit, or charitable organization with the South Carolina Secretary of State's office (SOS). This requirement does not apply to governmental entities or entities created by statute. If your organization has not registered or obtained an exemption from the SC SOS's office, please follow the link below to complete registration or to request a registration exemption.

Before You File Online | SC Secretary of State

Should you have any questions or concerns, please do not hesitate to email the Division of Treasury Management at <u>STO.Appropriated.Contributions@sto.sc.gov</u>. We look forward to working with you.

Sincerely,

Meg Romaniello | Accounting/Fiscal Manager II South Carolina Treasurer's Office

1200 Senate Street, Suite 214 Wade Hampton Office Building Columbia, SC 29201

SOUTH CAROLINA OFFICE OF THE STATE TREASURE APPROPRIATED CONTRIBUTIONS REPORTING REQUIREMENTS

INSTRUCTIONS

The South Carolina General Assembly tasked the South Carolina Office of State Treasurer (STO) with distributing appropriated contributions to your organization. State Budget Proviso 117.21 mandates that each organization receiving a contribution render to the state agency making the contribution specific information.

The information collection process will take place in multiple parts, Earmarked Appropriations Disbursement Request form and Quarterly Expenditure Reports. All responses submitted by your organization should be provided to the STO via STO.Appropriated.Contributions@sto.sc.gov. If your organization was appropriated contributions for more than one purpose, please complete **separate** forms and reports for **each project**.

The Earmarked Appropriations Disbursement Request form is due to STO prior to funds being dispersed.

The Quarterly Expenditure Reports are due to STO every quarter after receiving the funds. Should the initiative continue beyond June 30, 2025, the organization must continue to provide a quarterly report until completion.

| Quarterly Update Schedule | | | | |
|---------------------------|------------|--------------|------------|------------|
| Time Frame | 7/1 - 9/30 | 10/1 - 12/31 | 1/1 - 3/31 | 4/1 - 6/30 |
| Due Date | 10/15 | 1/15 | 4/15 | 7/15 |

All responses should reflect the actual expenditures made by the organization as compared to the appropriated funds provided by STO.

Applicable Law on Reporting Responsibilities

(For additional information, see the document entitled, Law Related to Appropriated Contributions)

Proviso 117.21 requires the following:

- The funds appropriated in this act for contributions *shall not be disbursed* until a plan of how the state funds will be spent and how the expenditures will provide a public benefit are filed with the appropriate state agency.
- No funds in this act shall be disbursed to organizations or purposes which practice discrimination against persons by virtue of race, creed, color or national origin.
- After receiving the funds, organizations shall provide quarterly spending updates to the respective state agency.
- After all state funds have been expended, each organization shall provide an accounting of how the funds were spent, *including an accounting of funds provided to subgrantees and affiliated non-profits*.
- State agencies receiving such data from organizations shall forward the information to the Executive Budget Office, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee.

SOUTH CAROLINA OFFICE OF THE STATE TREASURER REQUEST FOR CONTRIBUTION DISTRIBUTION

INSTRUCTIONS

Below are details about the various sections of the disbursement request form and some answers to frequently asked questions.

- Contribution Information
 - o Amount
 - This amount should match the amount awarded in Proviso 118.20.B.99.
 - o Purpose
 - This should be a very brief explanation (no more than one sentence) of the purpose the funds will be used for.
- Organization Information
 - o Website
 - If you do not have a website, please leave blank.
 - Entity Type
 - Please select one of the options from the drop down rather than typing in this cell.
 - Vendor Number
 - If you do not know your vendor number, please use the following link to search for it: https://webprod.cio.sc.gov/SCVendorSearch/vendorSearch.do
 - If you do not have a vendor number, please use the following link: https://procurement.sc.gov/doing-biz/registration
 - For vendor registration questions and assistance contact the Division of Procurement Services at 803-737-0600.
- Organization Contact Information and Secondary Organization Contact Information
 - o Two contacts are required.
 - o An email address for both contacts is also required.
- Plan/Accounting of how these funds will be spent.
 - o Description
 - Expenditure descriptions similar to those used in your organization's accounting records should be used.
 - o Budget
 - It is normal for these to be estimates since many organizations are not certain the exact amounts needed for each line item at the start of their projects.
 - The total should match the amount listed in the contribution information.
 - Even if the total to complete the project is more than what has been awarded, please only list what the awarded funds will be used toward.
 - Explanation
 - When applicable, can be used to provide additional information to categorize expenditures by program or initiative.
- Please explain how these funds will be used to provide a public benefit.
 - o Explanations typically do not go over the space provided, but if needed, please email STO.Appropriated.Contributions@sto.sc.gov.
- Organization Certifications
 - The signer for the organization can be whomever the organization chooses to sign. The proviso does not state who the organization's signer has to be.
- Certifications of State Agency Providing Contribution
 - o Please leave blank. This section is to be completed by STO.
- Governing Board and Executive Tab
 - Only needs to be completed by Non-profit Organizations.
 - o If additional lines are needed, please email <u>STO.Appropriated.Contributions@sto.sc.gov</u>.

Law Related to Appropriated Contributions

Proviso 117.21. GP: Organizations Receiving State Appropriations Report

Each state agency receiving funds that are a direct appropriation to a non-profit organization, prior to disbursing the funds, shall require from each recipient organization:

- 1. a plan of how the state funds will be spent and
- 2. how the expenditures will provide a public benefit.

The Executive Budget Office, Department of Administration shall provide each state agency with a standard form for collecting the information required.

After receiving the funds, non-profit organizations shall provide **quarterly** spending updates to the respective state agency.

After all state funds have been expended, each organization shall provide an accounting of how the funds were spent, including an accounting of funds provided to subgrantees and affiliated non-profits.

State agencies receiving funds pursuant to this provision shall report the information collected to the Executive Budget Office, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee by **June 30th**.

No funds in this act shall be disbursed to organizations or purposes which practice discrimination against persons by virtue of race, creed, color or national origin.

Executive Order No. 2022-19 Section 1. C.

I hereby order and direct, pursuant to article IV, section 17 of the South Carolina Constitution and sections 1-1-840 and 1-3-10 of the South Carolina Code of Laws, that any Executive Branch agency or department, as further defined herein, that receives earmarked appropriations, as further defined herein, in the annual Appropriations Act shall promptly make available for public review and inspection on the agency or department's website any and all reports, accountings, forms, updates, communications, or other materials required by Proviso 117.21.

SECTION 11-9-110. Organization to which contribution is appropriated to submit statement to Executive Budget Office and the Revenue and Fiscal Affairs Office as to nature and function of organization and use of contribution.

Each organization to which a contribution is made in the contributions section of the general appropriation bill shall submit to the Executive Budget Office and the Revenue and Fiscal Affairs Office by the end of the applicable fiscal year a detailed statement explaining the nature and function of the organization as well as a detailed statement explaining the use that was made of the contribution. The statements must be available at the office of the Executive Budget Office and the Revenue and Fiscal Affairs Office for public inspection and given to a member of the General Assembly upon request.

A contribution must not be made to an organization until it agrees in writing to allow the State Auditor to audit or cause to be audited the contributed funds.



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 |
| | X220 - Aid to Subdivisions - Treasurer | |

| Organization Information | | |
|--------------------------|--|--|
| Entity Name | | |
| Address | | |
| City/State/Zip | | |
| Website | | |
| Tax ID # | | |
| Entity Type | | |
| Vendor # | | |

Link to Search Vendor Number

| Organization Contact Information | | | |
|----------------------------------|--|--|--|
| Contact Name | | | |
| Position/Title | | | |
| Telephone | | | |
| Email | | | |
| : | Secondary Organization Contact Information | | |
| Name | | | |
| Position/Title | | | |
| Telephone | | | |
| Email | | | |

| Plan/Accounting of how these funds will be spent: | | | | | | |
|---|--------|-------------|--|--|--|--|
| Description | Budget | Explanation | | | | |
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| | | | | | | |
| Grand Total | \$0.00 | | | | | |

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|--|--|---------------------------|--------------------------------|--------------------------------|-----------------|
| | | | | | |
| | Please explain how these fun | nds will be used to pro | vide a public benefit: | | |
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| | | ization Certifications | | | |
| 1) Organization hereby gives assurance that no per | | | origin, be excluded from parti | cipation in, be denied the ber | nefit of, or be |
| otherwise subjected to discrimination under any pr 2) Organization certifies that it will provide quarter | | · · | ed above. | | |
| 3) Organization certifies that it will provide an acco | | - | | | |
| 4) Organization certifies that it will allow the State | Auditor to audit or cause to be audite | ed the contributed funds. | • | | |
| | | | | | |
| Organization Signature | Title | | | | |
| 5 G | | | | | |
| | | | | | |
| Printed Name | Date | | | | |
| | | | | | |
| | Certifications of Sta | ate Agency Providing C | Contribution | | |
| 1) State Agency certifies that the planned expendit | | | | | · |
| 2) State Agency certifies that the Organization has | set forth a public purpose to be serve | d 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 | Date |
| | |
| | |
| Printed Name | |

*The undersigned is signing on behalf of the Office of the State This packet has been reviewed and is ready for approval and payment. Treasurer (STO) and the State Treasurer. Note that STO is not Reviewed by: an agency as defined by Executive Order 2022-19 and therefore, is not subject to the requirements therein.

Reviewed by:

Governing Board and Executive Officer - Nonprofit Organizations Only

For nonprofit organizations only, provide below the names of the individuals who serve on your organization's governing board and, if applicable, their board position. Please also provide the name and title of your organization's executive officer.

| Members of Your Organization's Governing Board | | | | | |
|--|-------------------------------|--|--|--|--|
| Name | Board Position, if applicable | | | | |
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| Your Organization's Executive Officer | | | | | |
| Name | Title | | | | |
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| Your Organization's Executive Officer | | | |
|---------------------------------------|-------|--|--|
| Name | Title | | |
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