

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			
\$500,000 X220 - Aid to Subdivisions - Treasurer		Southside Home Improvement Program			

Organization Information				
Entity Name	City of Rock Hill			
Address	PO Box 11706			
City/State/Zip	Rock Hill, SC 29731			
Website	cityofrockhill.com			
Tax ID#	57-6000244			
Entity Type	Municipality			

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

	Organization Contact Information
Name	Corinne Sferrazza
Position/Title	Housing and Community Development Manager
Telephone	803-326-2463
Email	Corinne.Sferrazza@cityofrockhill.com
	Secondary Organization Contact Information
Name	Drew Cooper
Position/Title	Financial Compliance Manager
Telephone	803-329-7062
Email	Drew.Cooper@cityofrockhill.com

Accounting of how the funds have been spent:								
Description	Budget	Expenditures						
(Attach additional detail for subgrantees and affiliated nonprofits)		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance	
	\$500,000.00					\$0.00	\$500,000.00	
Repairs at properties to assist with storm damage		\$176,729.43	\$170,770.13			\$347,499.56	-\$347,499.56	
						\$0.00	\$0.00	
					- 24	\$0.00	\$0.00	
						\$0.00	\$0.00	
		- 10				\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
Grand Total	\$500,000.00	\$176,729.43	\$170,770.13	\$0.00	\$0.00	\$347,499.56	\$152,500.44	

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

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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.

Signature

Drintad Nama

Housing 4 Community Development Manager
Title
112125

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