



## 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 3: January 1, 2025 - March 31, 2025 |

| 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<br>(Attach additional detail for subgrantees and affiliated nonprofits) | Budget       | Expenditures |              |             |           |              | Balance       |
|   |              | Quarter 1    | Quarter 2    | Quarter 3   | Quarter 4 | Total        |               |
|   | \$500,000.00 |              |              |             |           | \$0.00       | \$500,000.00  |
| Repairs at properties to assist with storm damage                                   |              | \$176,729.43 | \$170,770.13 | \$20,053.28 |           | \$367,552.84 | -\$367,552.84 |
|   |              |              |              |             |           | \$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   | \$500,000.00 | \$176,729.43 | \$170,770.13 | \$20,053.28 | \$0.00    | \$367,552.84 | \$132,447.16  |

| 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. |

*Corinne Sferrazza, MSW*

Signature  
Corinne Sferrazza

Printed Name

Housing and Community Development Manager

Title  
4/15/2025

Date