

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 of 2022 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, 2023.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose	
\$2,500,000 X220 - Aid to Subdivisions - Treasurer		Goose Creek Fire Station at Carnes Crossroads	

Organization Information					
Entity Name	City of Goose Creek				
Address	519 N. Goose Creek Blvd.				
City/State/Zip	Goose Creek, SC 29445				
Website	www.cityofgoosecreek.com				
Tax ID#	57-6008064				
Entity Type	Municipality				

Reporting Period Reporting Period Quarter 4: April 1, 2024 - June 30, 2024

	Organization Contact Information
Name	Natalie Zeigler
Position/Title	City Administrator
Telephone	843-797-6220
Email	nzeigler@cityofgoosecreek.com
	Secondary Organization Contact Information
Name	Tyler Howanyk
Position/Title	Chief Financial Officer
Telephone	843-797-6220, ext 1121
Email	thowanyk@cityofgoosecreek.com

Accounting of how the funds have been spent:										
	Budget	Expenditures								
Description		FY23 Total	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance		
Architectural Services and Construction Costs	\$2,500,000.00	\$21,044.71	\$14,737.32	\$32,256.50	\$50,962.50	\$187,379.21	\$306,380.24	\$2,193,619.76		
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							\$0.00	\$0.00		
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			-				\$0.00	\$0.00		
Grand Total	\$2,500,000.00	\$21,044.71	\$14,737.32	\$32,256.50	\$50,962.50	\$187,379.21	\$306,380.24	\$2,193,619.76		

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

Construction documents near completion and site permits have been applied for. Construction will commence mid- 2025.

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.

Signature Natalie Zeigler **Printed Name**

City Administrator Title

7/15/2024

Date