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, 2026.

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 1: July 1, 2025 - September 30, 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	Budget	Expenditures						Balance
		FY25 Total	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		$386,985.02	$18,366.76				$405,351.78	-$405,351.78
							$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**	**$386,985.02**	**$18,366.76**	**$0.00**	**$0.00**	**$0.00**	**$405,351.78**	**$94,648.22**

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 & Community Development Manager
Title

10/13/2025
Date