

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 | | | |
| \$400,000 E160 - State Treasurer | | Nix Stilton Community Center | | | |

| Organization Information | | | | |
|--------------------------|--------------------------|--|--|--|
| Entity Name | County of Orangeburg | | | |
| Address | P.O. Drawer 9000 | | | |
| City/State/Zip | Orangeburg, SC 29116 | | | |
| Website | www.orangeburgcounty.org | | | |
| Tax ID# | 57-6000775 | | | |
| Entity Type | County | | | |

| Reporting Period | Quarter 1: July 1, 2024 - September 30, 2024 | |
|------------------|--|--|

| | Organization Contact Information |
|----------------|---|
| Name | Angel Howell |
| Position/Title | Administrative Services Division Director |
| Telephone | 803-533-6101 |
| Email | ahowell@orangeburgcounty.org |
| | Secondary Organization Contact Information |
| Name | Kendeana Stephens |
| Position/Title | Executive Asst to County Administrator/Sp. Projects Adm |
| Telephone | 803-533-6101 |
| Email | kstephens@orangeburgcounty.org |

| A | ccounting of ho | w the funds h | ave been spen | t: | | | | |
|--|-----------------|---------------|---------------|-----------|-----------|-----------|------------|--------------|
| Description | | Expenditures | | | | | | |
| (Attach additional detail for subgrantees and affiliated nonprofits) | Budget | FY24 | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total | Balance |
| Site Development | \$400,000.00 | \$6,488.60 | \$0.00 | | | | \$6,488.60 | \$393,511.40 |
| | | | | | | Ĭ | \$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 | \$400,000.00 | \$6,488.60 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$6,488.60 | \$393,511.40 |

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 exp | ended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose. | |
| Marit Hay L | Acting County Administrator | |
| Signature | Title | |

 Signature
 Title

 Marion K. Lloyd
 10/14/2024

 Printed Name
 Date