



### 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
\$550,000	X220 - Aid to Subdivisions - Treasurer	Nicholtown Community Center-Community Center Refurbishment

Organization Information	
Entity Name	City of Greenville
Address	206 South Main Street
City/State/Zip	Greenville, SC 29601
Website	www.greenvillesc.gov
Tax ID#	57-6000236
Entity Type	Municipality

Organization Contact Information	
Name	Patricia Dennis
Position/Title	Chief Financial Officer
Telephone	864-467-4436
Email	pdennis@greenvillesc.gov
Secondary Organization Contact Information	
Name	Will Young
Position/Title	Interim Director of Parks, Recreation and Tourism
Telephone	864-467-5751
Email	wyoung@greenvillesc.gov

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

Accounting of how the funds have been spent:							
Description <i>(Attach additional detail for subgrantees and affiliated nonprofits)</i>	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
Renovations to Nicholtown Community Center	\$550,000.00	\$0.00	\$0.00			\$0.00	\$550,000.00
						\$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	\$0.00
<b>Grand Total</b>	<b>\$550,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$550,000.00</b>

**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.

*Patricia Dennis*  
 Signature  
 Patricia Dennis  
 Printed Name

Chief Financial Officer  
 Title  
 1/10/2025  
 Date