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, 2025.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
$950,000.00	P500 - Department of Environmental Services	Newman Branch Swamp Clearing

Organization Information	
Entity Name	Clarendon County
Address	411 Sunset Drive
City/State/Zip	Sumter, SC 29102
Website	www.clarendoncountygov.org
Tax ID#	57-6000337
Entity Type	County

Organization Contact Information	
Name	Sharmane Anderson
Position/Title	Deputy County Administrator
Telephone	803-433-3143
Email	sanderson@clarendoncountygov.org

Reporting Period	
Reporting Period	Quarter 2: October 1, 2024 - December 30, 2024

Accounting of how the funds have been spent:

Description (Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
Construction costs/survey/AE costs for the clearing of Newman Branch	$950,000.00	$0.00	$0			$0.00	$950,000.00
						$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
Grand Total	**$950,000.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$950,000.00**

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

Project was put out to BID and awarded to the only responding contractor: The County is securing a Contract for the work and will be issuing a Notice to Proceed in the next 30 days.

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

Sharmane Anderson
Printed Name

Deputy Admin
Title

1/6/25
Date