

## 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		
\$500,000.00 D500 - Department of Administration		Construction of a new animal shelter for Marion County		

Organization Information				
Entity Name	Marion County			
Address	2523 E Hwy 76			
City/State/Zip	Marion, SC 29571			
Website	marioncountysc.org			
Tax ID#	57-60000384			
Entity Type	County			

Organization Contact Information				
Name	Kent Williams			
Position/Title	Deputy Marion County Administrator			
Telephone	843-431-5004			
Email	kwilliams@marionsc.org			

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

Acco	unting of how	the funds have	been spent:					
Description	Previous Yr		Expenditures					
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Expenditures	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Funds for Marion County Animal Shelter Infrastructure	\$500,000.00	\$15,357.27					\$15,357.27	\$484,642.73
Various invoices related to the new animal shelter		\$14,751.35	\$112,112.28	\$230,204.35			\$357,067.98	-\$357,067.98
		\$80,302.73					\$80,302.73	-\$80,302.73
		\$47,272.02					\$47,272.02	-\$47,272.02
							\$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	\$157,683.37	\$112,112.28	\$230,204.35	\$0.00	\$0.00	\$500,000.00	\$0.00

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.
	Marion County Deputy Administrator
Sign	ature Title

Printed Name

Date

6/9/2025