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
$100,000.00	J020 - Department of Health and Human Services	Domestic Abuse Survivor Support

Organization Information	
Entity Name	County of Anderson, SC
Address	PO Box 8002
City/State/Zip	Anderson, SC 29624
Website	https://www.andersoncountysc.org/
Tax ID#	57-6000303
Entity Type	County

Organization Contact Information	
Name	Steve Newton
Position/Title	Governmental Affairs Liaison
Telephone	864-260-1010
Email	snewton@andersoncountysc.org

EMAIL COMPLETED FORM TO: HOLLY.HAUCK@SCDHHS.GOV

Reporting Period	
Reporting Period	Quarter 4: April 1, 2025 - June 30, 2025

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	
Safe Harbor - Safe Emergency Shelters	$100,000.00	$0.00	$0.00	$8,730.17	$0.00	$8,730.17	$91,269.83
(includes: IT needs, utilities, food, and post Helene cleanup)						$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	**$100,000.00**	**$0.00**	**$0.00**	**$8,730.17**	**$0.00**	**$8,730.17**	**$91,269.83**

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

Hurricane Helene damaged Safe Harbor's Anderson facility, which disrupted expenditures as originally planned. Operations have resumed and expenditures will be made throughout FY26 on a regular basis.

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

Rusty Burns

Printed Name

Administrator

Title

6/18/2025

Date