



# 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 11.7.21 of the appropriations act and Executive Order 2022-19. This form must be submitted to the state agency that is providing 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	1020 - Department of Health and Human Services	Domestic Abuse Services Support

## Organization Information

Entity Name	Anderson County, SC
Address	PO Box 8002, ATTN: Steve Newton
City/State/Zip	Anderson, SC 29622-8002
Website	<a href="http://www.andersoncountysc.org">www.andersoncountysc.org</a>
Tax ID#	57-6000303
Entity Type	County

## Organization Contact Information

Name	Steve Newton
Position/Title	Governmental Affairs
Telephone	864.260.1010
Email	<a href="mailto:snewton@andersoncountysc.org">snewton@andersoncountysc.org</a>

## Reporting Period

Reporting Period	Quarter 1: July 1, 2024 - September 30, 2024
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## Accounting of how the funds have been spent:

Description	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
(Attach additional detail for subgrantees and affiliated nonprofits)							
Domestic abuse survivor support	\$100,000.00	\$0.00				\$0.00	\$100,000.00
						\$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
						\$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	\$0.00	\$0.00	\$0.00	\$100,000.00

**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.

Signature

Rusty Burns

Printed Name

County Administrator

Title

11/27/2024

Date \_\_\_\_\_