



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
\$250,000.00	J020 - Department of Health and Human Services	Health and Education

Organization Information

Entity Name	House of Champions
Address	P.O. Box 551
City/State/Zip	St George, SC 29477
Website	www.housesofchampions.com
Tax ID#	88-2852661
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Monte Barrett
Position/Title	President
Telephone	718-813-3398
Email	info@housesofchampions.com

Reporting Period

Reporting Period	Quarter 3: January 1, 2025 - March 31, 2025
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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	
Facility Structural Renovation	\$75,000.00	\$0.00	\$0.00	\$1,097.00		\$1,097.00	\$73,903.00
Equipment	\$15,000.00	\$0.00	\$0.00	\$8,289.37		\$8,289.37	\$6,710.63
Renovation of Locker Rooms and Bathrooms	\$30,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$30,000.00
Safety and Compliance	\$10,000.00	\$0.00	\$0.00	\$1,000.00		\$1,000.00	\$9,000.00
Hiring Staff	\$118,000.00	\$0.00	\$0.00	\$33,680.20		\$33,680.20	\$84,319.80
Employee Training	\$2,000.00	\$0.00	\$0.00	\$1,198.40		\$1,198.40	\$801.60
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$250,000.00	\$0.00	\$0.00	\$45,264.97	\$0.00	\$45,264.97	\$204,735.03

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

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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.

Monte Barrett

Signature
Monte Barrett

President

Title
4/2/2025

Printed Name _____

Date _____