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
$750,000.00	J020 - Department of Health and Human Services	

Organization Information	
Entity Name	Town of McClellanville
Address	405 Pinckney Street
City/State/Zip	McClellanville, SC 29458
Website	https://www.mcclellanvillesc.org/
Tax ID#	57-0538424
Entity Type	

Organization Contact Information	
Name	Michelle McClellan
Position/Title	Town Administrator
Telephone	843.887.3712
Email	mcclellanvilleoutlook.com

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	
Septic System Installation			$94,208.00			$94,208.00	-$94,208.00
Septic Sytem Repair			$8,600.00			$8,600.00	-$8,600.00
Septic Inspection, permits revision and closeout			$350.00			$350.00	-$350.00
						$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	**$0.00**	**$0.00**	**$103,158.00**	**$0.00**	**$0.00**	**$103,158.00**	**-$103,158.00**

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.

Michelle McClellan
Signature

Michelle McClellan
Printed Name

Town Administrator
Title

January 13, 2025
Date