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 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	
							$750,000.00
Septic System			$103,158.00			$103,158.00	-$103,158.00
Capela Coe Architects, Inc.				$10,433.75		$10,433.75	-$10,433.75
Capela Coe Architects, Inc.					$30,134.00	$30,134.00	-$30,134.00
						$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**	**$10,433.75**	**$30,134.00**	**$143,725.75**	**$606,274.25**

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

The Town is actively working with the architectural design firm to determine the most suitable plan for preserving the building for community use, though the preliminary assessment has extended beyond the anticipated timeline.

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

June 30, 2025
Date