

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
	J020 - Department of Health and Human Services		

Organization Information				
Entity Name	Williamsburg County Government			
Address	201 West Main Street			
City/State/Zip	Kingstree, SC 29556			
Website	www.williamsburgcounty.sc.gov			
Tax ID#	57-6000412			
Entity Type	County			

Organization Contact Information			
Name	Kristen Miller		
Position/Title	Assistant Grants Administrator		
Telephone	843-355-9321 Ext 5202		
Email	kristen.miller@wc.sc.gov		

Reporting Period					
Reporting Period	Quarter 3: January 1, 2025 - March 31, 2025				

Accoun	ting of how the f	unds have bee	n spent:				
Description		Expenditures					
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
(Attach additional detail for subgrantees and anniated nonprones)	\$2,000,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$2,000,000.00
Retrofit a 38,190 sq-foot multi-purpose industrial building designed to	\$2,000,000.00	\$0.00	70.00			\$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 Tota	\$2,000,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,000,000.00

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

Currently working with Architect

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

Kristen A. Miller

Printed Name

Assitant Grants Administrator

Title

4/16/2025

Date