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 of 2022 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, 2023.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
$5,000,000.00	J040 - Department of Health and Environmental Control	Chester Wastewater Connection to Rock Hill

Organization Information	
Entity Name	City of Rock Hill
Address	PO Box 11706
City/State/Zip	Rock Hill SC 29731-1706
Website	www.cityofrockhill.com
Tax ID#	57-6000244
Entity Type	Municipality

Organization Contact Information	
Name	Amanda Werts
Position/Title	Grants Supervisor
Telephone	803-325-2581
Email	amanda.werts@cityofrockhill.com

Reporting Period	
Reporting Period	Quarter 4: April 1, 2023 - June 30, 2023

Accounting of how the funds have been spent:

Description	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
	$5,000,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	$5,000,000.00
						$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
Grand Total	**$5,000,000.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$5,000,000.00**

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

No funds have been expended for this project at this time. The agreement was executed April 2023. A contractor has been secured to begin the design work within the next quarter. The project completion date will be better estimated once the contractor completes the design work.

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

Amanda Werts

Printed Name

Grants Supervisor

Title

6/21/2023

Date