

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 | | | | |
| \$500,000.00 | L320 - Housing Finance and Development Authority | Fairwold Housing Assistance Program | | | | |

| Organization Information | | | | |
|--------------------------|--------------------|--|--|--|
| Entity Name | City of Columbia | | | |
| Address | 1737 Main Street | | | |
| City/State/Zip | Columbia, SC 29201 | | | |
| Website | www.columbiasc.gov | | | |
| Tax ID# | 57-6000229 | | | |
| Entity Type | Municipality | | | |

| Reporting Period | | | | | |
|------------------|--|--|--|--|--|
| Reporting Period | Quarter 2: October 1, 2024 - December 31, 2024 | | | | |

| Organization Contact Information | | | | |
|----------------------------------|-----------------------------------|--|--|--|
| Name | Carol Propps-Wright | | | |
| Position/Title | Grants Administrator | | | |
| Telephone | (803) 545-4243 | | | |
| Email | Carol.ProppsWright@columbiasc.gov | | | |

| Secondary/Organization Contact Information | | | | |
|--|-----------------------------|--|--|--|
| Name | Missy Gentry, PE | | | |
| Position/Title | Assistant City Manager | | | |
| Telephone | (803) 545-3037 | | | |
| Email | missy.gentry@columbiasc.gov | | | |

| Accounting of how the funds have been spent: | | | | | | | | |
|--|--------------|---------------|-----------|-------------|-----------|-----------|-------------|--------------|
| Description | | Expenditures | | | | | | |
| (Attach additional detail for subgrantees and affiliated nonprofits) | Budget | Prior Year(s) | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total | Balance |
| Program Management | \$90,000.00 | | | \$22,500.00 | | | \$22,500.00 | \$67,500.00 |
| Housing Assistance/Cost of Improvements | \$410,000.00 | | | \$50,000.00 | | | \$50,000.00 | \$360,000.00 |
| | | | | | | | \$0.00 | \$0.00 |
| | | | | | | | \$0.00 | \$0.00 |
| | | | | | | | \$0.00 | \$0.00 |
| | | | | | | | \$0.00 | \$0.00 |
| | | | | | | | \$0.00 | \$0.00 |
| | | | | | | | \$0.00 | \$0.00 |
| Grand Total | \$500,000.00 | | | \$72,500.00 | \$0.00 | \$0.00 | \$72,500.00 | \$427,500.00 |

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

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|--|--|---------|--|
| | | | |
| | | | |

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 Signature

Teresa Wilson

Printed Name

City ivianage

Title

1/31/2025

Date