

## 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.

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Amount	State Agency Providing the Contribution		Purpose	
	L320 - Housing Finance and Development Authority	Homeless Shelter and Expansion	1 di pose	

Organization Information					
<b>Entity Name</b>	Dorchester County Community Outreach				
Address	P.O. Box 2994				
City/State/Zip	Summerville SC 29484				
Website	keystochangesc.org				
Tax ID#	47-3909720				
Entity Type	Non-Pros.7				

	0	rganization Contact Information	N. Julian
Name	Ginny Vicini		
Position/Title	Executive Direct		
Telephone	843-900-4315		
Email		ginny@keystochangesc.org	

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

Vendor #7000290372

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	Accounting of	how the funds	have been spe	ent:				TAX DE
Description (Attach additional detail for subgrantees and affiliated nonprofits)		Expenditures						
Land Purchase	Budget	Prior Year(s)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
New Shelter Construction Costs	\$252,000.00			\$252,000.00			\$252,000.00	
Operation Costs	\$693,000.00			\$131,850.23			\$131,850.23	\$561,149.7
1	\$310,000.00			\$28,750.88			\$28,750.88	\$281,249.1
							\$0.00	\$0.0
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							\$0.00	\$0.0
							\$0.00	\$0.0
							\$0.00	\$0.0
Grand Tatal	Ć1 3FF 000 00	40.00					\$0.00	\$0.0
Grand Total	\$1,255,000.00	\$0.00		\$412,601.11	\$0.00	\$0.00	\$412,601.11	\$842,398.89

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

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Expend	iture	Cartifi	cation

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.

**Printed Name** 

Exceptive Director
Title
1/97/25
Date