



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, 2024.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$500,000.00	L320 - Housing Finance and Development Authority	Affordable Housing

Organization Information

Entity Name	Marion-Dillon County Habitat for Humanity
Address	3153 E. Hwy 76
City/State/Zip	Mullins, SC 29574
Website	www.marion-dilloncountyhfh.org
Tax ID#	57-1009097
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Ricky Hardee
Position/Title	Executive Director
Telephone	843-464-3747
Email	ricky.hardee@marion-dilloncountyhfh.org

Reporting Period

Reporting Period	Quarter 4: April 1, 2024 - June 30, 2024
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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	
New Office/ReStore Location	\$175,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$175,000.00
Assistant Director Salary	\$62,400.00	\$0.00	\$0.00	\$1,730.77	\$12,115.39	\$13,846.16	\$48,553.84
Part-time ReStore Manager Salary	\$21,840.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,840.00
Part-time ReStore Employee	\$18,720.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,720.00
M-DCHF House #1	\$111,020.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$111,020.00
M-DCHF House #2	\$111,020.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$111,020.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$500,000.00	\$0.00	\$0.00	\$1,730.77	\$12,115.39	\$13,846.16	\$486,153.84

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

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
Ricky Hardee
Printed Name

Executive Director
Title
1/18/2024
Date