

## State of South Carolina Fiscal Year Spending Report

This form is designed to collect the information 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 for the designated organization. The state agency providing the contribution should use this form to collect fiscal year spending information from the designated organization.

Contribution information						
Amount	State Agency Providing the Contribution	Sauce	Earmark name			
	P280 - Department of Parks, Recreation, and Tourism					

Accounting of how the funds have been spent:

Budget

Organization Information			
Entity Name	Town of Due West		
Address	103 Main St/ P.O. Box 278		
City/State/Zip	Due West, SC 29639		
Entity Type	Municipality		

Description

Organization Contact Information				
Contact Name	Amanda Taylor			
Position/Title	Clerk/ Treasurer			
Telephone	864-379-2385			

Expenditures

Total

Balance

Fiscal Year 2024 Fiscal Year 2025 Fiscal Year 2026

Armor Vest	\$5,000.00	\$1,379.24			\$1,379.24	\$3,620.76	
					\$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	
					\$0.00	\$0.00 \$0.00	
					\$0.00	\$0.00	
					\$0.00	\$0.00	
			-		\$0.00	\$0.00	
					\$0.00	\$0.00	
Grand Total	\$5,000.00	\$1,379.24	\$0.00	\$0.00	\$1,379.24	\$3,620.76	
Project is underway Project is complete, funds are ex	\$3,000,00	42,313,24	\$0.00	posee	\$2,51 J.E.1	401000110	
Project yet to be started Estimated start date  Please provide a detailed spending summary, goals that were a	ccomplished, ar		Estimated completions benefit the pu		et to be started, pr	ovide an	
New Armor Vest. The vest is the most current vest for their safety. This will allow the officers to remain in compliance.							
	Organization	n Certifications					
The Organization certifies that the funds have been expended i	n accordance with	the plan provided to	the agency providi	ng the distribution an	d for a public purpose		
Amanda Jayan Organization Signature	Clerk/ Treasurer Title						
Amanda Taylor	6/28/2024						
Printed Name	Date						