



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
\$700,000.00	P280 - Department of Parks, Recreation, and Tourism	Northshore Infrastructure Project

Organization Information	
Entity Name	Clarendon County
Address	411 Sunset Drive
City/State/Zip	Sumter, SC 29102
Website	www.clarendoncountysc.gov.org
Tax ID#	57-6000337
Entity Type	County

Organization Contact Information	
Name	Sharmaine Anderson
Position/Title	Deputy County Administrator
Telephone	803-433-3143
Email	sanderson@clarendoncountypgov.org

Reporting Period	
Reporting Period	Quarter 2: October 1, 2024 - December 30, 2024

Accounting of how the funds have been spent:							
Description	Budget	Expenditures					
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
(Attach additional detail for subgrantees and affiliated nonprofits)							
Infrastructure and construction costs	\$700,000.00	\$0.00				\$0.00	\$700,000.00
						\$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
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$700,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$700,000.00

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

Project is ongoing through Alliance Consulting Engineers and the Clarendon County Development Board. Site for the pump station was secured and work is continuing on the easement and topsoil plans to be submitted to SCDES pending completion.

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 _____

Sharnan / Anderson

Title Deputy Admin.

Title

Printed Name _____

Date _____