

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
		Greater collaboration between Explore Charleston and research at College of Charleston's Office of Tourism
	P280 - Department of Parks, Recreation, and Tourism Analysis - \$1,000,000	Analysis - \$1,000,000

	Organization Information
Entity Name	Explore Charleston
Address	375 Meeting St
City/State/Zip	Charleston, SC 29403
Website	www.ExploreCharleston.com
Tax ID#	03-0386059
Entity Type	Nonprofit Organization

NameLaurie Lynn SmithPosition/TitleChief of StaffTelephone(843) 805-3063EmailIsmith@explorecharleston.com		Organization Contact Information
Position/Title Chief of Staff Telephone (843) 805-3063 Email Ismith@explorecharleston.com	Name	Laurie Lynn Smith
none	Position/Title	Chief of Staff
	Telephone	(843) 805-3063
	Email	lsmith@explorecharleston.com

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

Grand Total \$1,000,000.00 \$0.00 \$0.00 \$0.00 \$0.00									advancement \$1,000,000.00	Co-sharing of space in order to increase opportunities for tourism	(Attach additional detail for subgrantees and affiliated nonprofits) Budget Quarter 1 Quarter 2 Quarter 3 Quarter 4 Tot	Description	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0		ter 4 Total		
\$0.00 \$1,000,000.00	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00	\$0.00 \$1,000,000.00		Balance		

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

Evaluation of the project proposals are still underway. Look forward to the next steps!

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
Signature
Signature
Amit
Printed Name

Title 1.8.225

Date