



# 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       |
| \$300,000.00             | P280 - Department of Parks, Recreation, and Tourism | Senior Center |

| Organization Information |  |
|--------------------------|--|
| Entity Name              | Pickens County Meals on Wheels                   |
| Address                  | 349 Edgemont Avenue                              |
| City/State/Zip           | Liberty, SC 29657                                |
| Website                  | <a href="http://www.pcmow.org">www.pcmow.org</a> |
| Tax ID#                  | 57-0708817                                       |
| Entity Type              | Nonprofit Organization                           |

| Organization Contact Information |  |
|----------------------------------|--|
| Name                             | Kim Valentin                                     |
| Position/Title                   | Executive Director                               |
| Telephone                        | 864-606-3745                                     |
| Email                            | <a href="mailto:Kim@pcmow.org">Kim@pcmow.org</a> |

| Reporting Period |  |
|------------------|--|
| Reporting Period |  |

| Accounting of how the funds have been spent:  |        |              |           |           |           |        |         |
|---|--------|--------------|-----------|-----------|-----------|--------|---------|
| Description<br>(Attach additional detail for subgrantees and affiliated nonprofits) | Budget | Expenditures |           |           |           |        | Balance |
|   |        | Quarter 1    | Quarter 2 | Quarter 3 | Quarter 4 | Total  |         |
| Project is underway and we should be spending money soon.                           |        |              | \$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   | \$0.00 | \$0.00       | \$0.00    | \$0.00    | \$0.00    | \$0.00 | \$0.00  |

| Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year) : |
|--|
| Project is underway and we should be spending money soon.  |

| 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. |

Kim Valentin  
Signature  
Kim Valentin  
Printed Name

Executive Director  
Title  
12.9.24  
Date