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 2025-24. 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, 2026.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
$700,000.00	P280 - Department of Parks, Recreation, and Tourism	Northshore

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

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

Reporting Period	
Reporting Period	Quarter 2: October 1, 2025 - December 30, 2025

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	
Infrastructure and construction costs	$613,666.05	$86,327.00	$120,044.90			$206,371.90	$407,294.15
						$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	**$613,666.05**	**$86,327.00**	**$120,044.90**	**$0.00**	**$0.00**	**$206,371.90**	**$407,294.15**

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

The BID approved for this project was $622,000 with a change order of $5200. The wet well has been installed and the contractor is waiting on the electrical components: the pump has been delivered and installed. Construction is on-going.

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

Sharmane Anderson
Printed Name

Deputy Administrator
Title

1/5/26
Date