



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, 2024.

Contribution Information

Amount: J020 - Department of Health and Human Services

Purpose:

Organization Information

Entity Name: Town of Eastover
Address: 624 Main Street
City/State/Zip: Eastover
Website: www.eastoversc.com
Tax ID#: 57-0479594
Entity Type: Municipality

Organization Contact Information

Name: Geraldene Robinson
Position/Title: Mayor
Telephone: 803-353-2281
Email: mayor@robinson@eastoversc.com

Reporting Period

Reporting Period: Quarter 3: January 1, 2024 - March 31, 2024

Accounting of how the funds have been spent:

Description <i>(Attach additional detail for subgrantees and affiliated nonprofits)</i>	Budget	Expenditures				Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
Healthy Community Program	\$50,000.00	\$0.00	\$600.00	\$0.00	\$0.00	\$0.00	\$50,000.00
National Night Out		\$0.00	\$14,809.45	\$0.00	\$0.00	\$0.00	-\$600.00
Christmas Parade/Tree Lighting		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$14,809.45
Annual May Festival & Jam Festival		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
Grand Total	\$50,000.00	\$0.00	\$15,409.45	\$0.00	\$0.00	\$15,409.45	\$34,590.55

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

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: *Geraldene Robinson*

Printed Name: Geraldene Robinson

Title: Mayor

Date: March 26, 2024