



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	State Agency Providing the Contribution	Purpose
\$250,000.00	J020 - Department of Health and Human Services	Replace roofs, HVACs, windows and install handrail/ramps

Organization Information

Entity Name	Marion County Long Term Recovery Group
Address	2523 E. Hwy.76
City/State/Zip	Marion, South Carolina 29571
Website	marioncountylongtermrecovery.wordpress.com
Tax ID#	61-1940802
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Linda W. Phillips
Position/Title	Executive Director
Telephone	843-260-6340 (mobile) 843-272-6080 ext.240 (office)
Email	phillipslinda 573@gmail.com

Reporting Period

Reporting Period	Quarter 1: July 1, 2023 - September 30, 2023
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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		
Replace damaged roofs - approximately 12 homes	\$181,000.00	\$0.00				\$0.00	\$181,000.00
Replace damaged windows - approximately 3 homes	\$22,500.00	\$0.00				\$0.00	\$22,500.00
Replace HVAC'S - approximately 5 homes	\$44,000.00	\$0.00				\$0.00	\$44,000.00
Install handrails - 2 homes for disabled individuals	\$2,500.00	\$0.00				\$0.00	\$2,500.00
						\$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	\$250,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$250,000.00

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.

Linda W. Phillips
Signature
Linda W. Phillips
Printed Name

Executive Director
Title
1-2-2024
Date