



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
J020 - Department of Health and Human Services		

Organization Information

Entity Name	Town of Eastover
Address	624 Main Street
City/State/Zip	Eastover, SC, 29044
Website	www.eastoversc.com
Tax ID#	57-0479594
Entity Type	Municipality

Organization Contact Information

Name	James Faber
Position/Title	Mayor
Telephone	803-353-2281
Email	mayorjamesfaber@eastoversc.com

Reporting Period

Reporting Period	Quarter 4: April 1, 2024 - June 30, 2024
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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		
Healthy Community Program	\$50,000.00	\$0.00				\$0.00	\$50,000.00
National Night Out			\$600.00			\$600.00	-\$600.00
Christmas Parade/Tree Lighting			\$14,809.45			\$14,809.45	-\$14,809.45
Annual May Festival & Jam Fest			\$35,392.86			\$35,392.86	-\$35,392.86
						\$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	\$50,802.31	\$0.00	\$0.00	\$50,802.31	-\$802.31

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 James Faber

Printed Name

Title Mayor

Date 6-24-24

Date