

## 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                 |  |  |  |
| \$125,000.00 E260 - Department of Veteran's Affairs |   | Washington Street Plaza |  |  |  |

| Organization Information |                      |  |  |  |
|--------------------------|----------------------|--|--|--|
| Entity Name              | City of Walterboro   |  |  |  |
| Address                  | 242 Hampton Street   |  |  |  |
| City/State/Zip           | Walterboro, SC 29488 |  |  |  |
| Website                  | www.walterborosc.org |  |  |  |
| Tax ID#                  | 57-6001119           |  |  |  |
| Entity Type              | Municipality         |  |  |  |

| Organization Contact Information |                            |  |  |  |
|----------------------------------|----------------------------|--|--|--|
| Name                             | Jeffrey P. Molinari        |  |  |  |
| Position/Title                   | City Manager               |  |  |  |
| Telephone                        | 843-782-1011               |  |  |  |
| Email                            | jmolinari@walterborosc.org |  |  |  |

| Reporting Period |   |  |  |  |  |
|------------------|---|--|--|--|--|
| Reporting Period | Quarter 3: January 1, 2025 - March 31, 2025 |  |  |  |  |

| Account  | ing of how the f | funds have bee | n spent:  |           |           |        |              |
|--|------------------|----------------|-----------|-----------|-----------|--------|--------------|
| Description  |                  | Expenditures   |           |           |           |        |              |
| (Attach additional detail for subgrantees and affiliated nonprofits) | Budget           | Quarter 1      | Quarter 2 | Quarter 3 | Quarter 4 | Total  | Balance      |
| Replacement of internal plumbing of waterfall                        | \$75,000.00      | \$0.00         | \$0.00    | \$0.00    | \$0.00    | \$0.00 | \$75,000.00  |
| Backsplash   | \$15,000.00      | \$0.00         | \$0.00    | \$0.00    | \$0.00    | \$0.00 | \$15,000.00  |
| Landscaping  | \$2,500.00       | \$0.00         | \$0.00    | \$0.00    | \$0.00    | \$0.00 | \$2,500.00   |
| Benches  | \$2,500.00       | \$0.00         | \$0.00    | \$0.00    | \$0.00    | \$0.00 | \$2,500.00   |
|  | \$30,000.00      |                | \$0.00    | \$0.00    | \$0.00    | \$0.00 | \$30,000.00  |
| Restroom Facilities  |                  |                |           |           |           | \$0.00 | \$0.00       |
|  | -                |                |           |           |           | \$0.00 | \$0.00       |
|  | <del>  </del>    |                |           |           |           | \$0.00 | \$0.00       |
|  |                  |                |           |           |           | \$0.00 | \$0.00       |
| Grand Total  | \$125,000.00     | \$0.00         | \$0.00    | \$0.00    | \$0.00    | \$0.00 | \$125,000.00 |

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

The project is in the design and engineering phase.

## **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         |  |
|-------------------|--|
| Jewey P. Molinari |  |
| Printed Name      |  |

| City Manager |   |
|--------------|---|
| Title        |   |
| 6/9/2025     |   |
| Date         | · |