

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.

ntribution	Contribution Information Purpose
The state of the s	
\$100,000.00 E260 - Department of Veterans' Affairs	Provide transitional and affordable housing solutions tailored specifically for Women Veterans.

Salaring Co.	Organization Information
Entity Name	PTSD Veterans Village
Address	7 Sherbrook Court
City/State/Zip	Columbia, SC 29223
Website	Home - PTSD Veterans Village
Tax ID#	88-4090427
Entity Type	Nonprofit Organization

Reporting Period

Quarter 1: July 1, 2024 - September 30, 2024

Reporting Period

	Organization Contact Information
Name Name	Laurie Strange
Position/Title	Position/Title Founder/Director
Telephone	(803) 440-0048
Email	PTSDVeteransvillage@gmail.com

	7						
\$0.00 \$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Grand Total \$100,000.00	Grand Total
\$0.00	\$0.00			-		45	
\$0.00	\$0.00						
\$0.00	\$0.00						
\$0.00	\$0.00		from .				
\$0.00	\$0.00						
\$0.00	\$0.00				-	,	
\$0.00	\$0.00			27			
\$0.00	\$0.00		,				
\$0.00 \$100,000.00	\$0.00		\$0.00	\$0.00	\$0.00	\$100,000.00	Securing property in Lee County, SC for PTSD Veterans Village for homeless female veterans and their families.
Balance	Total	Quarter 4	Quarter 3	Quarter 2	Quarter 1	Budget	(Attach additional detail for subgrantees and affiliated nonprofits)
			Expenditures				Description
				n spent:	Accounting of how the funds have been	ng of how the i	Accountil

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 Stray Printed Name

Date