

## 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 each quarter.

Quarterly reports are due as follows: Q1, October 31, 2024; Q2, January 31, 2025; Q3, April 30, 2025; Q4, July 31, 2025. Please submit completed reports to Roxanne Ancheta, AnchetaRM@scdot.org

| Contribution Information |   |  |  |  |  |  |
|--------------------------|---|--|--|--|--|--|
| Amount                   | State Agency Providing the Contribution | Purpose                                    |  |  |  |  |
| \$915,000                | U120 - Department of Transportation     | Old Buncombe Road Crash Mitigation Project |  |  |  |  |

| Organization Information |   |  |  |  |  |
|--------------------------|---|--|--|--|--|
| Entity Name              | GLDTC                                       |  |  |  |  |
| Address                  | 301 University Ridge, Suite S-2200          |  |  |  |  |
| City/State/Zip           | Greenville, SC 29601                        |  |  |  |  |
| Website                  | www.greenvillecounty.org (Under Delegation) |  |  |  |  |
| Tax ID#                  | 57-6000356                                  |  |  |  |  |
| Entity Type              | Other                                       |  |  |  |  |

| Organization Contact Information |                                |  |  |  |
|----------------------------------|--------------------------------|--|--|--|
| Name                             | Ruth Sherlock/Rachael Bell     |  |  |  |
| Position/Title                   | Chairman GLDTC/Program Manager |  |  |  |
| Telephone                        | 864-991-5069/864-483-4371      |  |  |  |
| Email                            | rachael@cotransco.com          |  |  |  |

| Reporting Period |  |  |  |  |  |  |  |
|------------------|--|--|--|--|--|--|--|
| Reporting Period |  |  |  |  |  |  |  |

| Accounti  | ng of how the | funds have bee   | en spent:   |              |           |             |              |
|---|---------------|------------------|-------------|--------------|-----------|-------------|--------------|
| Description   | Budget        | Expenditures     |             |              |           |             |              |
| (Attach additional detail for subgrantees and affiliated nonprofits)          |               | Quarter 1        | Quarter 2   | Quarter 3    | Quarter 4 | Total       | Balance      |
| Road diet from 4 lanes to 3, mill & overlay, restripe, add some curb & gutter | \$915,000.00  | \$0.00           | \$73,046.00 |              |           | \$73,046.00 | \$841,954.00 |
|   |               | a Time Sade Till |             |              |           | \$0.00      | \$0.00       |
|   |               |                  |             |              |           | \$0.00      | \$0.00       |
|   |               |                  |             | Story 2017 3 | 3664      | \$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   | \$915,000.00  | \$0.00           | \$73,046.00 | \$0.00       | \$0.00    | \$73,046.00 | \$841,954.00 |

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.

Signature Di Bill

Printed Name

Date