



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
\$1,000,000.00	L320 - Housing Finance and Development Authority	Belvedere & Greenview Neighborhood Revitalization

Organization Information

Entity Name	City of Columbia
Address	1737 Main Street
City/State/Zip	Columbia, SC 29201
Website	www.columbiasc.gov
Tax ID#	57-6000229
Entity Type	Municipality

Organization Contact Information

Name	Carol Propps-Wright
Position/Title	Grants Administrator
Telephone	(803) 545-4243
Email	Carol.ProppsWright@columbiasc.gov

Secondary/Organization Contact Information

Name	Jeff Palen
Position/Title	Assistant City Manager/CFO
Telephone	803-545-0211
Email	Jeff.Palen@columbiasc.gov

Reporting Period

Reporting Period	Quarter 3: January 1, 2025 - March 31, 2025
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Accounting of how the funds have been spent:

Description (Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Expenditures						Balance
		Prior Year(s)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
Program Management	\$180,000.00			\$78,000.00	\$0.00		\$78,000.00	\$102,000.00
Housing Assistance/Cost of Improvements	\$820,000.00			\$220,000.00	\$0.00		\$220,000.00	\$600,000.00
							\$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	\$1,000,000.00			\$298,000.00	\$0.00	\$0.00	\$298,000.00	\$702,000.00

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.


Signature
Teresa Wilson
Printed Name

City Manager
Title
4/14/2025
Date