

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		
\$500,000.00	L320 - Housing Finance and Development Authority	Fairwold Housing Assistance Program			

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			

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

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				

Accounting of how the funds have been spent:								
Description		Expenditures						
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Prior Year(s)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Program Management	\$90,000.00			\$22,500.00	\$0.00		\$22,500.00	\$67,500.00
Housing Assistance/Cost of Improvements	\$410,000.00			\$50,000.00	\$0.00		\$50,000.00	\$360,000.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
	21 13						\$0.00	\$0.00
							\$0.00	\$0.00
Grand Total	\$500,000.00			\$72,500.00	\$0.00	\$0.00	\$72,500.00	\$427,500.00

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

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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 Manage

Title

4/14/2029

Date