



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, 2024.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$155,000	K050 - Department of Public Safety	Public Safety upgrades

Organization Information

Entity Name	Bennettsville Police Department
Address	254 US 15-401 Bypass E
City/State/Zip	Bennettsville, SC 29512
Website	www.bennettsvillesc.com
Tax ID#	600999
Entity Type	Municipality

Organization Contact Information

Name	Kevin J. Miller
Position/Title	Chief
Telephone	843-479-3620 ext. 104
Email	kevin.miller@bennettsvillesc.com

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APR 22 2024

Highway Safety Accounting

Reporting Period

Reporting Period	Quarter 3: January 1, 2024 - March 31, 2024
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Accounting of how the funds have been spent:

Description (Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
CCTV Citywide enhancement and upgrade	\$35,000.00	N/A	\$0.00	N/A		\$0.00	\$35,000.00
In car computers, printers, and scanners	\$55,000.00			\$55,000.00	✓	\$55,000.00	\$0.00
Upgrade rifles and backup weapons	\$21,000.00			\$21,000.00		\$21,000.00	\$0.00
Ti Simulator Training Aid	\$44,000.00			N/A		\$0.00	\$44,000.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$155,000.00	\$0.00	\$0.00	\$76,000.00	\$0.00	\$76,000.00	\$79,000.00

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

Printed Name

Title

Date