

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			
\$591,725.00 K050 - Department of Public Safety		Programming and Educational Opportunities for SACDC residents Reentry and Rehabilitation Program			

Organization Information					
Entity Name	Charleston County Sheriff's Office				
Address	3691 Leeds Avenue				
City/State/Zip	North Charleston				
Website					
Tax ID#	57-6001289				
Entity Type	County				

	Organization Contact Information	mation
Name	Kristin R. Graziano	
Position/Title	Sheriff	DECEIVET
Telephone	843-554-2485	KECEIVE
Email	kgraziano@charlestoncounty.org	
		MAR 1 8 2024

Highway Safety Accounting

The same of	Reporting Period							
Reporting Period	Quarter 3: January 1, 2024 - March 31, 2024							

Accounting of how the funds have been spent:								
Description	Budget	Expenditures						
(Attach additional detail for subgrantees and affiliated nonprofits)		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance	
Programming - Computers, Software, Resident Uniforms, Etc.	\$416,525.00	\$0.00	\$0.00	\$4,499.70		\$4,499.70	\$412,025.30	
Infastructure - Furniture, Carpet, Cameras	\$175,200.00	\$0.00	\$0.00	\$544.98		\$544.98	\$174,655.02	
						\$0.00	\$0.00	
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						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
Grand Total	\$591,725.00	\$0.00	\$0.00	\$5,044.68	\$0.00	\$5,044.68	\$586,680.32	

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

Kristin R. Graziano

Printed Name

Sheriff

Title

Date