

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			
\$2,000,000.00 K050 - Department of Public Safety		Maritime Cybersecurity and Healthcare Workforce Initiatives			

	Organization Information		
ity Name	City of Beaufort		
tress	1911 Boundary Street		
//State/Zip	Beaufort, SC 29902		
bsite	www.cityofbeaufort.org		
:ID#	57-6000223		
ity Type	Municipality		

	Organization Contact Information	
Name	Scott M. Marshall	
Position/Title	City Manager	
Telephone	843-525-7070 DFCFIV	
Email	smarshall@cityofbeaufort.org	

JAN 24 2024

Reporting Period					
porting Period	Quarter 2: October 1, 2023 - December 30, 2023				

Highway Safety Accounting

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
South Coast Regional Innovation Engine at USC Beaufort	\$860,000.00	\$0.00	\$0.00			\$0.00	\$860,000.00
Sath Coast Regional Innovation Engine at South Coast Cyber Center	\$140,000.00	\$0.00	\$0.00			\$0.00	\$140,000.00
National Workforce Development Programming at Beaufort Hospital	\$500,000.00	\$0.00	\$0.00			\$0.00	\$500,000.00
ple Achieving Their Highest Nursing School at Beaufort Hospital	\$500,000.00	\$0.00	\$0.00			\$0.00	\$500,000.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$2,000,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,000,000.00

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

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Expend	mure-	сеги	KONSTATORNI

Organization certifies that the funds have been expended in accor-	nce with the Plan provided to the Agency Providing the Distribution and for a public purpose
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nted Name

City Manager

Title

1/22/2024

Date