



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

Entity Name	City of Beaufort
Address	1911 Boundary Street
City/State/Zip	Beaufort, SC 29902
Website	www.cityofbeaufort.org
Tax ID#	57-6000223
Entity Type	Municipality

Organization Contact Information

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

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APR 11 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	
South Coast Regional Innovation Engine at USC Beaufort	\$860,000.00	\$0.00	\$0.00	\$860,000.00	✓	\$860,000.00	\$0.00
South Coast Regional Innovation Engine at South Coast Cyber Center	\$140,000.00	\$0.00	\$0.00	\$140,000.00	✓	\$140,000.00	\$0.00
Nursing Workforce Development Programming at Beaufort Hospital	\$500,000.00	\$0.00	\$0.00	\$500,000.00		\$500,000.00	\$0.00
People Achieving Their Highest Nursing School at Beaufort Hospital	\$500,000.00	\$0.00	\$0.00	\$500,000.00		\$500,000.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$2,000,000.00	\$0.00	\$0.00	\$2,000,000.00	\$0.00	\$2,000,000.00	\$0.00

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

Scott M. Marshall

Printed Name

City Manager

Title

4/11/2024

Date