

## 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.

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Amount State Agency Providing the Cont	Contribution Information Information and by June 30	, 2024.
\$63,541.00 K050 - Department of Public Safety	Puga	Mist and
Organization Information	Equipment	

Entity Name	Organization Information Town of Gifford	Life to W
Address	16 Edward Maude Street	
City/State/Zip	Estill, South Carolina 29923	
Website	www.giffordsc.org	
Tax ID#	57-0605827	
Entity Type	Municipality	

Name	Organization Contact Information  Horney D Mitchell
Position/Title	Mayor
Telephone	803.625.2712
	towngifford@centurylink.net

FEB 0 9 2024

Highway Safety Accounting

THE DELICATION OF THE PARTY OF	
Reporting Period	Reporting Period
	Quarter 2: October 1, 2023 - December 30, 2023
	2, 2023 - December 30, 2023

		funds have bee	en spent:	The Course	N PHYS S.	Z-1	III AND DE
(Attach additional detail for subgrantees and affiliated nonprofits)  Custom Signal Inc.	Budget	Quarter 1		Expenditures		MILE BE ILLEY	
Rustom Signals Incorporated-EAGLE 11 Serial no. (XE51061)DE9423	\$63,541.00	\$37,465.00	Quarter 2	Quarter 3	Quarter 4	Total	Balance
			\$2,268.03			\$37,465.00	\$26,076.
						\$2,268.03	-\$2,268.
						\$0.00	\$0.
						\$0.00	\$0.
						\$0.00	\$0.
						\$0.00	\$0.
						\$0.00	\$0.0
Grand Total	662 544 65					\$0.00	\$0.0
	+,5-12.00	\$37,465.00	\$2,268.03	\$0.00	4	\$0.00	\$0.0
Explanation of any unspent funds (to be	-		+=)2.00.03	\$0.00	\$0.00	\$39,733.03	\$23

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

-			
Ex	penditur	e Cort	ifi

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.

Horney D Mitchell Printed Name

Mayor Title 9-Feb-24 Date

	Organization Certifications	
1) Organization hereby gives assurance that no person :	nall, upon the grounds of race, creed, color, or national origin, be excluded from participation in, be denied the benefit of, or l	be
otherwise subjected to discrimination under any progra		
2) Organization certifies that it will provide quarterly sp	nding reports to the Agency Providing Contribution listed above.	
	g at the end of the fiscal year to the Agency Providing Contribution listed above.	
4) Organization certifies that it will allow the State Audi		
Organization Signature	Mayor Title	
Horney D Mitchell		
Printed Name	9-Feb-24	
	Certifications of State Agency Providing Contribution	LE IN
State Agency certifies that the planned expenditure	igns with the Agency's mission and/or the purpose specified in the appropriations act.	
2) State Agency certifies that the Organization has set for	rth a public purpose to be served through receipt of the expenditure.	
3) State Agency certifies that it will make distributions of	rectly to the organization.	
4) State Agency certifies that it will provide the quarter	spending reports and accounting received from the organization to the Senate Finance Committee, House Ways and Means	
Committee, and the Executive Budget Office by June 30		
5) State Agency certifies that it will publish on their wel	ite any and all reports, accountings, forms, updates, communications, or other materials required by Proviso 117.21 of the	
appropriations act.		
6) State Agency will certify to the Office of the Governo	that it has complied with the requirements of Executive Order 2022-19 by June 30, 2024.	

Date

Agency Head Signature

**Printed Name**