

## 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			
\$1,500,000.00 K050 - Department of Public Safety		COUNTY DETENTION CENTER ADDITION			

Organization Information						
Entity Name	COUNTY OF UNION					
Address	210 WEST MAIN STREET					
City/State/Zip	UNION SC 29379					
Website	GEARUPUNIONSC.COM					
Tax ID#	57-6000408					
Entity Type	OTHER					

	Organization Contact Information
Name	PHILLIP RUSSELL
Position/Title	COUNTY SUPERVISOR
Telephone	(864)429-1600 DICTION
Email	PRUSSELL@COUNTYOFUNION.COM

JAN 11 2024

Highway Safety Accounting

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

Account	nting of how the	funds have be	en spent:				1000
Description	New York Control of the Control of t	Expenditures					
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
						\$0.00	\$0.00
DETENTION CENTER ADDITION-CONSTRUCTION (SOSSAMON CONSTR)	\$1,500,000.00		\$1,423,783.40			\$1,423,783.40	\$76,216.60
DETENITON CENTER ADDITION-ENGR FEES (MOSELEY ARCHITECTS)			\$53,277.20			\$53,277.20	-\$53,277.20
DETENTION CENTER ADDITION-INSPECTION FEES (CC&I SERVICES)			\$24,605.60			\$24,605.60	-\$24,605.60
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
(						\$0.00	\$0.00
Grand Total	al \$1,500,000.00	\$0.00	\$1,501,666.20	\$0.00	\$0.00	\$1,501,666.20	-\$1,666.20

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

## **Expenditure Certification**

The Organization dertifies that the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.

Signature

PHILLIP G.RUSSELL

Printed Name

**COUNTY SUPERVISOR** 

Title

1/10/2024

Date