

## 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, 2025.

| Contribution Information                        |   |                                       |           |  |  |  |  |
|---|---|---------------------------------------|-----------|--|--|--|--|
| Amount  | State Agency Providing the Contribution | Purpose                               | Table 128 |  |  |  |  |
| \$500,000.00 K050 - Department of Public Safety |   | Replacement of police and fire radios |           |  |  |  |  |

| Organization Information |                           |  |  |  |  |
|--------------------------|---------------------------|--|--|--|--|
| Entity Name              | City of Conway            |  |  |  |  |
| Address                  | 229 Main Street           |  |  |  |  |
| City/State/Zip           | Conway, SC 29526          |  |  |  |  |
| Website                  | https://www.conwaysc.gov/ |  |  |  |  |
| Tax ID#                  | 57-6001017                |  |  |  |  |
| ntity Type               | Municipality              |  |  |  |  |

|                | Organization Contact Infor | mation  |
|----------------|----------------------------|---------|
| Name           | Adam Emrick                |         |
| Position/Title | City Administrator         |         |
| Telephone      | 843-248-1760               | RECEIVE |
| Email          | aemrick@conwaysc.gov       |         |

JAN 06 2025

| Reporting Period |  |  |  |  |  |  |  |
|------------------|--|--|--|--|--|--|--|
| Reporting Period |  |  |  |  |  |  |  |

Highway Safety Accounting

| Account  | ing of how the f | unds have bee | n spent:     |           |           |              |              |
|--|------------------|---------------|--------------|-----------|-----------|--------------|--------------|
| Description  | Budget           | Expenditures  |              |           |           |              |              |
| (Attach additional detail for subgrantees and affiliated nonprofits) |                  | Quarter 1     | Quarter 2    | Quarter 3 | Quarter 4 | Total        | Balance      |
| Partial order of radios has been received and paid for               | \$500,000.00     | \$0.00        | \$170,697.54 | \$0.00    | \$0.00    | \$170,697.54 | \$329,302.46 |
|  |                  |               |              |           |           | \$0.00       | \$0.00       |
|  |                  |               |              |           |           | \$0.00       | \$0.00       |
|  |                  |               |              |           |           | \$0.00       | \$0.00       |
|  |                  |               |              |           |           | \$0.00       | \$0.00       |
|  |                  |               |              |           |           | \$0.00       | \$0.00       |
|  |                  |               |              |           |           | \$0.00       | \$0.00       |
|  |                  |               |              |           |           | \$0.00       | \$0.00       |
|  |                  |               |              |           |           | \$0.00       | \$0.00       |
| Grand Total  | \$500,000.00     | \$0.00        | \$170,697.54 | \$0.00    | \$0.00    | \$170,697.54 | \$329,302.46 |

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

| Expend | iture | Certific | ation |
|--------|-------|----------|-------|
|        |       |          |       |

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
Adam Emrick
Printed Name

City Administrator
Title
1/2/2025
Date