

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 of 2022 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, 2023.

Contribution Information					
Amount	State Agency Providing the Contribution	Purpose			
\$2,500,000 X220 - Aid to Subdivisions - Treasurer		Goose Creek Fire Station at Carnes Crossroads			

	Organization Information
Entity Name	City of Goose Creek
Address	519 N. Goose Creek Blvd.
City/State/Zip	Goose Creek, SC 29445
Website	www.cityofgoosecreek.com
Tax ID#	57-6008064
Entity Type	Municipality

	Reporting Period	0
Reporting Period	Quarter 1: July 1, 2023 - September 30, 2023	

	Organization Contact Information	
Name	Natalie Zeigler	
Position/Title	City Administrator	
Telephone	843-797-6220	
Email	nzeigler@cityofgoosecreek.com	
	Secondary Organization Contact Information	
Name	Tyler Howanyk	
Position/Title	ition/Title Chief Financial Officer	
Telephone	elephone 843-797-6220, ext 1121	
Email	thowanyk@cityofgoosecreek.com	

Accounting of how the funds have been spent:							2 To 1/2 (Mg/W)	
	Budget	Expenditures						
Description		FY23 Total	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Architectural Services and Construction Costs	\$2,500,000.00	\$21,044.71	\$14,737.32				\$35,782.03	\$2,464,217.97
							\$0.00	\$0.00
							\$0.00	\$0.00
					1		\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
				1			\$0.00	\$0.00
Grand Total	\$2,500,000.00	\$21,044.71	\$14,737.32	\$0.00	\$0.00	\$0.00	\$35,782.03	\$2,464,217.97

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

Expenditure	Certification
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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

Natalie Zeigler

Printed Name

City Administrator

Title

10/13/2023

Date