

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
\$500,000 X220 - Aid to Subdivisions - Treasurer		Athletic Fields at Doko Meadows park

Organization Information					
Entity Name	Town of Blythewood				
Address	PO Box 1004, 171 Langford Road				
City/State/Zip	Blythewood, SC 29016				
Website	www.townofblythewoodsc.gov				
Tax ID#	57-0646434				
Entity Type	Municipality				

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

	Organization Contact Information
Name	Carroll Williamson
Position/Title	Town Administrator
Telephone	803-754-0501
Email	williamsonc@townofblythewoodsc.gov
	Secondary Organization Contact Information
Name	Julie Emory
Position/Title	Office Manager
Telephone	803-754-0501
Email	emoryj@townofblythewoodsc.gov

A	ccounting of h	ow the funds ha	ave been spent	t:		and a state of the		
		Expenditures						
Description	Budget	FY23 Total	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Athletic Field Plan - Design Development & construction documents for new re	\$50,000.00	\$53,720.00	\$4,260.00				\$57,980.00	-\$7,980.00
Grading	\$150,000.00	\$0.00					\$0.00	\$150,000.00
Restroom facilities	\$150,000.00	\$0.00					\$0.00	\$150,000.00
Lighting	\$25,000.00	\$0.00					\$0.00	\$25,000.00
Irrigation	\$50,000.00	\$0.00					\$0.00	\$50,000.00
Bleachers	\$10,000.00	\$0.00					\$0.00	\$10,000.00
Utility installation	\$65,000.00	\$0.00					\$0.00	\$65,000.00
							\$0.00	\$0.00
							\$0.00	\$0.00
Grand Total	\$500,000.00	\$53,720.00	\$4,260.00	\$0.00	\$0.00	\$0.00	\$57,980.00	\$442,020.00

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.

any

Signature Carroll Williamson Printed Name Town Administrator Title 4-Oct-23

Date



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Email	Email williamsonc@townofblythewoodsc.gov				
	Secondary Organization Contact Information				
Name	Julie Emory				
Position/Title	Office Manager				
Telephone	803-754-0501				
Email	emoryj@townofblythewoodsc.gov				

Accounting of how the funds have been spent:								
		Expenditures						
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Carroll Williamson

Printed Name

Town Administrator Title

4-Oct-23

Date