



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
\$3,000,000	X220 - Aid to Subdivisions - Treasurer	Belvedere Neighborhood Flood Mitigation Program (Belvedere HAP Program)

Organization Information

Entity Name	City of Columbia
Address	1737 Main Street
City/State/Zip	Columbia, SC 29201
Website	columbiasc.gov
Tax ID#	57-6000229
Entity Type	Municipality

Organization Contact Information

Name	Carol Propps-Wright
Position/Title	Grants Administrator
Telephone	(803) 545-4143
Email	Carol.ProppsWright@columbiasc.gov

Secondary Organization Contact Information

Name	Missy Gentry, PE
Position/Title	Assistant City Manager
Telephone	(803) 545-3037
Email	missy.gentry@columbiasc.gov

Reporting Period

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


Accounting of how the funds have been spent:

Description	Budget	Expenditures					Total	Balance
		FY23 Total	Quarter 1	Quarter 2	Quarter 3	Quarter 4		
Program Management	\$450,000.00	\$229,362.53	\$160,419.55	\$0.00			\$389,782.08	\$60,217.92
Rehabilitation Activities	\$2,550,000.00	\$895,538.59	\$1,004,081.13	\$0.00			\$1,899,619.72	\$650,380.28
							\$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	\$3,000,000.00	\$1,124,901.12	\$1,164,500.68	\$0.00	\$0.00	\$0.00	\$2,289,401.80	\$710,598.20

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

Expenditure Certification

The Organization 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
 Teresa Wilson
 Printed Name

City Manager _____
 Title
 1/8/2024
 Date