



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 |
|-----------|---|--------------------------------------|
| \$750,000 | X220 - Aid to Subdivisions - Treasurer | Lee County Community Wellness Center |

Organization Information

| | |
|----------------|-----------------------------|
| Entity Name | City of Bishopville |
| Address | 135 E Church Street |
| City/State/Zip | Bishopville SC 29010 |
| Website | www.cityofbishopvillesc.com |
| Tax ID# | 57-6001001 |
| Entity Type | Municipality |

Organization Contact Information

| | |
|----------------|---|
| Name | Brittany Hyman |
| Position/Title | Assistant City Administrator/Finance Director |
| Telephone | 803 484 5948 |
| Email | brittany.hyman@cityofbishopville.org |

Secondary Organization Contact Information

| | |
|----------------|--------------------------|
| Name | Gregg McCutchen |
| Position/Title | City Administrator |
| Telephone | 803 484 5948 |
| Email | wgmbishopville@yahoo.com |

Reporting Period

| | |
|------------------|---|
| Reporting Period | Quarter 3: January 1, 2024 - March 31, 2024 |
|------------------|---|

Accounting of how the funds have been spent:

| Description | Budget | Expenditures | | | | | | Total | Balance |
|------------------------------------|---------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------------|---------|
| | | FY23 Total | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | | | |
| Licenses/Permits | \$15,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$15,000.00 | |
| Marketing | \$2,500.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$2,500.00 | |
| Consultants | \$2,500.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$2,500.00 | |
| Insurance | \$30,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$30,000.00 | |
| Swimming Pool | \$200,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$200,000.00 | |
| Utility Deposits/Monthly | \$10,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$10,000.00 | |
| Building Cost | \$80,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$80,000.00 | |
| Gym and Facility equipment | \$325,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$325,000.00 | |
| Office Supplies and Operating Cost | \$85,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$85,000.00 | |
| Grand Total | \$750,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$750,000.00 | |

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

The wellness center plans are still underway, but no money has been spent yet.

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.

W. Gregg McCutchen
 Signature
 W. Gregg McCutchen
 Printed Name

City Administrator
 Title
 4/15/2024
 Date