

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, 2024.

Contribution Information								
Amount	State Agency Providing the Contribution	Purpose						
\$300,000.00	A050 - House of Representatives	Regional Farmer's Market						

Organization Information						
Entity Name County of Orangeburg						
Address	Post Office Drawer 9000					
City/State/Zip	Orangeburg, South Carolina 29116					
Website	www.orangeburgcounty.org					
Tax ID#	57-6000775					
Entity Type	County					

Organization Contact Information						
Name	Angel Howell					
Position/Title	Administrative Services Division Director					
Telephone	803-533-6101					
Email	ahowell@orangeburgcounty.org					

Reporting Period							
Reporting Period	Quarter 3: January 1, 2025 - March 31, 2025						

Accounting of how the funds have been spent:												
Description												
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance					
Architecture and Engineering (A&E) Costs	\$300,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$300,000.00					
						\$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	\$0.00					
Grand Total	\$300,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$300,000.00					

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

Project is in the design phase.

Expenditure Certification

The	Org	ganization	certifies	that the f	unds have	been exp	ended in	accordance	e with the	e Plan i	provided to	the Ag	enc	/ Providing	the	Distribution	on and f	or a p	ublic p	urp	ose

Signature
Harold M. Young
Printed Name

County Administrator
Title
4/15/2025
Date