

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 each quarter.

Quarterly reports are due as follows: Q1, October 31, 2024; Q2, January 31, 2025; Q3, April 30, 2025; Q4, July 31, 2025. Please submit completed reports to Roxanne Ancheta, AnchetaRM@scdot.org

| Contribution Information | | | | | | |
|--|---|---|--|--|--|--|
| Amount | State Agency Providing the Contribution | Purpose | | | | |
| \$5,000,000.00 U120 - Department of Transportation | | Provide parking to the five Points Neighborhood to support economic development | | | | |

| Organization Information | | | | | |
|--------------------------|--------------------|--|--|--|--|
| Entity Name | City of Columbia | | | | |
| Address | 1737 Main St | | | | |
| City/State/Zip | Columbia, SC 29201 | | | | |
| Website | www.ColumbiaSC.gov | | | | |
| Tax ID# | 576000229 | | | | |
| Entity Type | Municipality | | | | |

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

| Organization Contact Information | | | | | |
|----------------------------------|-----------------------------------|--|--|--|--|
| Name | Carol Propps-Wright | | | | |
| Position/Title | Grants Administrator | | | | |
| Telephone | 803 545-4143 | | | | |
| Email | Carol.ProppsWright@columbiasc.gov | | | | |

| Organization Contact Information | | | | |
|----------------------------------|----------------------------|--|--|--|
| Name | Jeff Palen | | | |
| Position/Title | Assistant City Manager/CFO | | | |
| Telephone | 803-545-0211 | | | |
| Email | Jeff.Palen@columbiasc.gov | | | |

| Accounting of how the funds have been spent: | | | | | | | | | |
|--|----------------|--------------|-----------|-----------|-----------|--------|----------------|--|--|
| Description | | Expenditures | | | | | | | |
| (Attach additional detail for subgrantees and affiliated nonprofits) | Budget | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total | Balance | | |
| Parking Deck/Garage | \$5,000,000.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | \$5,000,000.00 | | |
| | | | | | | \$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 | \$5,000,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$5,000,000.00 | | |

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.

Signature

Teresa Wilson

Printed Name

City Manager

Title

4/8/2025