



## 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 designated organization at the end of each quarter. **SFY 25-26 Quarterly Reports are due as follows: Q1, October 31, 2025; Q2, January 31, 2026; Q3, April 30, 2026; Q4, July 31, 2026.** Please submit completed reports to Roxanne Ancheta, AnchetaRM@scdot.org.

### Contribution Information

Amount	State Agency Providing the Contribution	Purpose
[Total Earmark Amount] <b>\$915,000</b>	U120 - Department of Transportation	Old Buncombe Road Diet

### Organization Information

Entity Name	GLDTC
Address	301 University Drive, Suite S-2200
City/State/Zip	Greenville, SC 29601
Website	www.greenvillecounty.org (Under Delegation)
Tax ID#	57-6000356
Entity Type	Other

### Organization Contact Information

Name	Ruth Sherlock/Rachael Bell
Position/Title	Chairman GLDTC/Program Manager
Telephone	864-991-5069/864-483-4371
Email	rachael@cotransco.com

### Reporting Period

Reporting Period	Q1: July - September, 2025
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### Accounting of how the funds have been spent:

Description	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
Road diet from 4 lanes to 3; mill & overlay, add some curb & gutter	\$915,000.00	\$22,041.00				\$22,041.00	\$892,959.00
						\$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
<b>Grand Total</b>	<b>\$915,000.00</b>	<b>\$22,041.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$22,041.00</b>	<b>\$892,959.00</b>

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.

Rachael D Bell  
Signature  
Rachael D. Bell  
Printed Name

CFO / Program Manager  
Title  
9/18/25  
Date