



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
\$915,000	U120 - Department of Transportation	Old Buncombe Road Crash Mitigation Project

Organization Information

Entity Name	GLDTC
Address	301 University Ridge, 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	January 1, 2025 - March 31, 2025
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Accounting of how the funds have been spent:

Description <small>[Attach additional detail for subgrantees and affiliated nonprofits]</small>	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
Road dlet from 4 lanes to 3, mli & overlay, restripe, add some curb & gutter	\$915,000.00	\$0.00	\$73,046.00	\$0.00		\$73,046.00	\$841,954.00
						\$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	\$915,000.00	\$0.00	\$73,046.00	\$0.00	\$0.00	\$73,046.00	\$841,954.00

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.

Rachael D. Bell

Signature

Rachael D. Bell

Printed Name

CFO / Program Manager

Title

Date

5/8/25