



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.

Amount	State Agency Providing the Contribution	Purpose
\$300,000.00	D500 - Department of Administration	Housing repairs

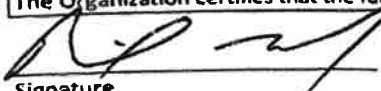
Entity Name	Tri-City Visionaries, INC
Address	8801 Bluff Road
City/State/Zip	Eastover, SC 29044
Website	https://tricityvisionaries.com
Tax ID#	20-2965900
Entity Type	Nonprofit Organization

Name	Monika Lamb
Position/Title	Program Director
Telephone	803-814-5490
Email	tcv29209@gamil.com

Reporting Period	Quarter 4: April 1, 2024 - June 30, 2024
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Description (Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Expenditures					Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4			
Program Expenses	\$270,000.00	\$0.00	\$0.00	\$240,322.15	\$29,677.85	\$270,000.00	\$0.00	
Administrative Expenses	\$27,000.00	\$0.00	\$0.00	\$20,580.00	\$6,420.00	\$27,000.00	\$0.00	
Marketing Expenses	\$1,000.00	\$0.00	\$0.00	\$400.00	\$600.00	\$1,000.00	\$0.00	
Logistical Clean up	\$2,000.00	\$0.00	\$0.00	\$1,800.00	\$200.00	\$2,000.00	\$0.00	
		0	\$0.00	0		\$0.00	\$0.00	
		0	\$0.00	\$0.00		\$0.00	\$0.00	
		0	\$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	\$263,102.15	\$36,897.85	\$300,000.00	\$0.00	

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
 Monika Lamb

 Printed Name

Program Director

 Title
 4/12/2024

 Date