## 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
\$35,000.00	L320 - Housing Finance and Development Authority	Two Generation Shelter for Returning Families Experiencing Homelessness

Organization Information					
Entity Name	Step By Step Ministry Hope Project				
Address	1225 Pendlton Street, Suite 6				
City/State/Zip	Greenville, SC, 29611				
Website	www.sbsreentryproject.org				
Tax ID#	26-4012985				
Entity Type	Nonprofit Organization				

Reporting Period						
Reporting Period	Quarter 2: October 1, 2023 - December 30, 2023					

Organization Contact Information					
Name	Angela Hurks				
Position/Title	Chief Executive Officer				
Telephone	(864) 991-1388				
Email	angela@sbshopeproject.org				

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			
Install of fire safety system	\$3,600.00		\$3,600.00			\$3,600.00	\$0.00			
Partial cost of purchasing overhead sprinklet	\$26,753.00		\$26,753.00			\$26,753.00	\$0.00			
Two months of shelter operating expenses 24 Carriage Drive	\$5,000.00		\$5,000.00			\$5,000.00	\$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			
Grand Total	\$35,353.00	\$0.00	\$35,353.00	\$0.00	\$0.00	\$35,353.00	\$0.00			

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.

MMM MM

**Printed Name** 

Cheif Executive Officer

Title

April 15, 2024

Date