



# State of South Carolina Contribution Expenditure Report

4/3/2024

23147

PIN: 1601023

## Contract and Reporting Period

City of North Charleston

EMK335

Entity Name

Contract Number

Quarter 2

Reporting Period

## Contribution Information

\$4,500,000.00

SC Department of Health and Environmental Control

Roper Hospital Relocation

## Organization Contact Information

Shannon B Praete

Grants Administrator

(843) 740-2588

spraete@northcharleston.org

Contact Name

Position/Title

Telephone

Email

## Accounting of how the funds have been spent:

Description

Expenditures

None

\$0.00

\$0.00

\$0.00

\$4,500,000.00

Grand Total:

\$0.00

Quarter 1

Quarter 2

Quarter 3

Quarter 4

Remaining Balance

## Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year):

Roper anticipates requesting funds in May or early June 2024

## 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.

Reason for Rejection: (Entity will receive this in email response.)

Shannon B Praete

4/3/2024, 12:47:27 PM

Organization Signature