



State of South Carolina Contribution Expenditure Report

3/11/2025

24210

PIN: 1809625

Contract and Reporting Period

Berkeley County

Entity Name

EMK683

Contract Number

Quarter 2

Reporting Period

Contribution Information

\$270,000.00

SC Department of Public Health

Berkeley County EMS

Organization Contact Information

Michael Shirey

Contact Name

Chief

Position/Title

(843) 934-1818

Telephone

michael.shirey@berkeleycountysc.gov

Email

Accounting of how the funds have been spent:

Description

Expenditures

A. Salaries for program participants

\$10,735.71

B. AP Paramedic Program Fees

\$10,050.00

Grand Total:

\$20,785.71

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.

Michael Shirey

3/11/2025, 9:04:57 AM

Organization Signature

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