



# State of South Carolina Contribution Expenditure Report

1/11/2024

23147

PIN: 1601023

## Contract and Reporting Period

City of North Charleston

EMK335

Search Contracts

Entity Name

Contract Number

Quarter 1

Reporting Period

## Contribution Information

SC Department of Health and Environmental Control

Roper Hospital Relocation

## Organization Contact Information

Shannon B Praete

Grants Administr: (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

Grand Total: \$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.

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

Shannon B Praete

1/11/2024, 1:20:14 PM

Organization Signature