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, 2025.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
$200,000.00	H950 - State Museum Commission	

Organization Information

Entity Name	Historic Bluffton Foundation
Address	PO BOX 742 (70 Boundary St.)
City/State/Zip	Bluffton SC 29910
Website	www.historicblufftonsc.org
Tax ID#	57-0724129
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Nicki Graziani
Position/Title	Operation Manager
Telephone	843-757-6293
Email	nicki@historicbluffton.org

Reporting Period

Reporting Period	Quarter 2: October 1, 2024 - December 30, 2024

Accounting of how the funds have been spent:

Description (Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
Educational Programming and School Outreach	$70,000.00		$0.00			$0.00	$70,000.00
Cultural Events	$20,000.00		$0.00			$0.00	$20,000.00
Heyward House Structural Repair Project	$80,000.00		$0.00			$0.00	$80,000.00
Landscaping/hardscaping design and work	$15,000.00		$0.00			$0.00	$15,000.00
Administration	$15,000.00		$0.00			$0.00	$15,000.00
						$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
Grand Total	**$200,000.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$200,000.00**

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

Funds are assigned but not used yet.

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.

Signature

Nicki Graziani

Printed Name

Operations Manager

Title

6-10-25

Date