



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
100.000.00	L040 - Department of Social Services	Rent and Uiltities for operations of Feed the City, LLC.

Organization Information	
Entity Name	Feed the City
Address	711 Gervais St. Unit B
City/State/Zip	Columbia, SC 29201
Website	feedthecity.us
Tax ID#	85-0850464
Entity Type	Nonprofit Organization

Organization Contact Information	
Name	Sarah Simmons
Position/Title	Board Member
Telephone	4048229619
Email	sarah@citygritnyc.com

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	
2024 Rent for operational and office space.	\$100,000.00		\$75,000.00	\$3,400.99		\$78,400.99	\$21,599.01
Utilities for operational and office space.			\$4,637.08			\$4,637.08	-\$4,637.08
Repayment to 1649 Catering, LLC for portion of Rent at 707 Gervais For operatio			\$16,000.00			\$16,000.00	-\$16,000.00
Computer/Office Purchase for Feed the City, LLC operations.			\$961.93			\$961.93	-\$961.93
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$100,000.00	\$0.00	\$96,599.01	\$3,400.99	\$0.00	\$100,000.00	\$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.

SARAH SIMMONS
Signature
Sarah Simmons
Printed Name

Board Member
Title
6/20/2025
Date