



# 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, 2024.

## Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$1,279,330.00	H030 - Commission on Higher Education	FY 2023-2024 SC EPSCoR Appropriation

## Organization Information

Entity Name	Clemson University
Address	230 Kappa Street
City/State/Zip	Clemson, SC 29634
Website	www.clemson.edu/research/grants-contracts
Tax ID#	
Entity Type	Other

## Organization Contact Information

Name	Lori Martin
Position/Title	Senior Grants Supervisor
Telephone	864-656-2425
Email	dmartin@clemson.edu

## Reporting Period

Reporting Period	Quarter 2: October 1, 2023 - December 30, 2023
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## Accounting of how the funds have been spent:

Description <i>(Attach additional detail for subgrantees and affiliated nonprofits)</i>	Budget	Expenditures					Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4			
Salaries/ Fringe, Rent, Travel, Supplies, ODC, IDC	\$618,793.00		\$165,552.52			\$165,552.52	\$453,240.48	
Program Expenditures	\$660,537.00					\$0.00	\$660,537.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
<b>Grand Total</b>	<b>\$1,279,330.00</b>	<b>\$0.00</b>	<b>\$165,552.52</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$165,552.52</b>	<b>\$1,113,777.48</b>	

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

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## 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.

Megan Souter  
 Signature  
 Megan Souter  
 Printed Name

\_\_\_\_\_  
 Financial Manager  
 Title  
 2/17/2024  
 Date

\_\_\_\_\_  
 Signature - Fiscal Agent

Lori Martin, Senior Grants Supervisor  
 Printed Name/Title  
 \_\_\_\_\_  
 Date