

Basic Information for Your Organization

| Your Organization | |
|---|--------------------------|
| Name | David A. Dutton |
| Address (Street or PO Box) | 5671 Pleasant Ave. |
| Address (City, State, Zip) | Fort Lawn SC 29714 |
| Organization website address | |
| Organization type (nonprofit, local government, etc.) | Fire Protection District |

| Organization Contact | |
|----------------------|-----------------|
| Name | David A. Dutton |
| Position | Fire Chief |
| Telephone | 803-804-1507 |
| Email | |

| State Contribution | |
|-------------------------------------|---|
| Amount | \$2,000,000.00 |
| Purpose | Construction of new fire headquarters station |
| State Agency Providing Contribution | |

| Person Completing this Report | |
|-------------------------------|-----------------|
| Name | David A. Dutton |
| Position | Fire Chief |

Governing Board and Executive Officer - Nonprofit Organizations Only

For nonprofit organizations only, provide below the names of the individuals who serve on your organization's governing board and, if applicable, their board position. Please also provide the name and title of your organization's executive officer.

| Members of Your Organization's Governing Board | |
|--|-------------------------------|
| Name | Board Position, if applicable |
| Richard Hulse | Chairman |
| Chris Waits | |
| Steve Nunn | |
| Linda Gandy | |
| Scott Moore | |
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| Your Organization's Executive Officer | |
|---------------------------------------|-------|
| Name | Title |
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Accounting of how the funds were spent

Provide below an accounting of how the state contribution received was spent as compared to the budget which you had been directed to provide to the State on or before **June 30, 2023**. Expenditure descriptions similar to those used in your organization's accounting records should be used. All amounts should be entered in whole dollars. Where applicable, use the Explanation column to provide additional information to categorize expenditures by program or initiative and to provide additional details for categories that exceed 10% of the total appropriation. If you have not spent all of the State contribution received, use the last section on this worksheet to explain why and provide a timeline for when the unspent funds will be spent for the purpose they were given.

| Description | Budget | Actual | Explanation |
|--------------------|-----------|--------|-------------|
| | 2,000,000 | | |
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| Grand Total | 2,000,000 | - | |

| Explanation of unspent funds |
|---|
| <p style="text-align: center;">Due to permitting and planning there has been zero (0) expenditures up unto today of the allotted amount with construction expected to start in August</p> |

Outcome Measures

Detail the outcome measures used to determine the success of the stated goals. The outcome measures should generally be the same as success measures which you had been directed to provide to the State on or before **June 30, 2023**.

| Measure | Description |
|---------|-------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |

If additional lines are needed, copy and paste Measure 15.

Goals accomplished

List the goals accomplished with the State funds received. The goals listed should generally be the same as those which you had been directed to provide to the State on or before **June 30, 2023**. Copy and paste the last line as needed to expand the list.

| Goal | Description |
|------|-------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
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| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |

If additional lines are needed, copy and paste Goal 15.