					5/22/2024 Date	Lisa McDonald Metts Printed Name
					Title	Signature
					Finance Director	Laa Morneld metts
	public purpose.	y Providing the Distribution and for a public purpose.	y Providing the D	ed to the Agenc	h the Plan provid	The Organization certifies that the funds have been expended in accordance with the Plan provided to the Agence
<b>新</b> 道道的"新				Certification	Expenditure Certification	
	year) :	's remain at the end of the fiscal year) :	ek reimolin at th	if unspent fun	e provídeď only	Explanation of any unspent funds (to be provided only if unspent fun
\$167,224.68	\$0.00 \$82,775.32	\$51,550.64	\$31,224.68	\$0.00	\$250,000.00	Gand oral
\$0.00	\$3,500.00	\$0.00	\$3,500.00	\$0.00	\$3,500.00	General Programs
\$147,743.15	\$14,846.85	\$12,462.01	\$2,384.84	\$0.00	\$162,590.00	Camp & Virtual Camp
\$1,636.18	\$1,363.82	\$1,121.19	\$242.63	\$0.00	\$3,000.00	Doodlebug
\$5,054.06	\$49,195.94	\$30,000.94	\$19,195.00	\$0.00	\$54,250.00	Family & OnSite Programs
\$0.00	\$4,525.00	\$0.00	\$4,525.00	\$0.00	\$4,525.00	Holiday Programs
\$6,571.70	\$7,428.30	\$6,841.06	\$587.24	\$0.00	\$14,000.00	Extreme Teen/Preteen
\$3,196.78	\$1,303.22	\$697.82	\$605.40	\$0.00	\$4,500.00	Hospital & Check Up
\$1,760.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,760.00	Dream Dates
\$1,262.81	\$612.19	\$427.62	\$184.57	\$0.00	\$1,875.00	Brain & FACT Clinic
Balance	Quarter 4 Total	Quarter 3 Qu	Quarter 2	Quarter 1	Budget	(Attach additional detail for subgrantees and affiliated nonprofits)
		Expenditures				Description
			in spent:	lunds have bee	Accounting of how the funds have bee	Ασσυπή
						Reporting Period Quarter 3: January 1, 2024 - March 31, 2024
						Entity Type Nonprofit Organization
		pydays.com	cindy@camphappydays.com	Email		Website www.camphappydays.org
			843-571-4336	Telephone l		City/State/Zip Charleston, SC 29407
			Executive Director	Position/Title		Address 933 Dupont Rd. Suite B
		'n	Cindy Hay Johnson	Name and a set		Entity Name Camp Happy Days
		Olganization Comact Information	Organizatio			noisemeano
						J020 - Department of Health and Human Services
		Purpose				Amount State Agency Providing the Contribution
				contribution information*	Contribution	
utive Order	ina in accordance with Proviso 117.21 of the appropriations act and Executive Order ssignation organization at the end of year quarter and by June 30, 2024.	with Proviso 117.21 of the end of year	ina in accordance v esignation organiza	ed by South Carol tribution to the de	ure Report ture reports requir providing the con	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 Exe 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

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## State of South Carolina Contribution Expenditure Report

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. 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

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J020 - Department of Health and Human Services	State Agency Providing the Contribution	
	Contribution Information	

Entity Type	Tax ID#	Website	City/State/Zip	Address	Entity Name	
Nonprofit Organization	57-0755466	www.camphappydays.org	Charleston, SC 29407	933 Dupont Rd. Suite B	Camp Happy Days	Organization Information

	Organization Contact Information
Name	Cindy Hay Johnson
Position/Title	e Executive Director
Telephone	843-571-4336
Email	cindy@camphappydays.com

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00.00 \$0.00	\$3,500.00		\$3,500.00	\$0.00	\$3,500.00	General Programs
34 \$160,205.16	\$2,384.84		\$2,384.84	\$0.00	\$162,590.00	Camp & Virtual Camp
53 \$2,757.37	\$242.63		\$242.63	\$0.00	\$3,000.00	Doodlebug
00 \$35,055.00	\$19,195.00		\$19,195.00	\$0.00	\$54,250.00	Family & OnSite Programs
00.00	\$4,525.00		\$4,525.00	\$0.00	\$4,525.00	Holiday Programs
24 \$13,412.76	\$587.24		\$587.24	\$0.00	\$14,000.00	Extreme Teen/Preteen
<b></b>	\$605.40		\$605.40	\$0.00	\$4,500.00	Hospital & Check Up
20 \$1,760.00	\$0.00		\$0.00	\$0.00	\$1,760.00	Dream Dates
	\$184.57		\$184.57	\$0.00	\$1,875.00	Brain & FACT Clinic
Balance	ter 4 Total	Quarter 3 Quarter 4	Quarter 2 Quarter 3	Quarter 1	Budget	(Attach additional detail for subgrantees and affiliated nonprofits)
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•	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.		
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Printed Name Lisa McDonald Metts

Date 5/22/2024

Finance Director Title

Lia matoriald metts

Signature