



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
\$500,000.00	J020 - Department of Health and Human Services	ALS (Amyotrophic Lateral Sclerosis) Care Services Fund

Organization Information

Entity Name	ALS Association
Address	1300 Wilson Blvd Suite 600
City/State/Zip	Arlington, VA 22209
Website	als.org
Tax ID#	1303271855
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Heran Sisay
Position/Title	Managing Director Care Services
Telephone	813-310-5440
Email	Heran.Sisay@als.org

Reporting Period

Reporting Period	Quarter 3: January 1, 2025 - March 31, 2025
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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					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
ALS Multidisciplinary Clinic Program	\$100,000.00	0-Funds not rec	0 funds not rec	\$0.00		\$0.00	\$100,000.00
Quality of Life Program	\$250,000.00	0-Funds not rec	0 funds not rec	\$64,500.00		\$64,500.00	\$185,500.00
Durable Medical Equipment, Assistive Technology, Ramp Reutilization Program	\$150,000.00	0-Funds not rec	0 funds not rec	\$86,270.00		\$86,270.00	\$63,730.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$500,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150,770.00	\$349,230.00

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.

Gregory L. Mitchell

[Gregory L. Mitchell \(Mar 25, 2025 15:46 EDT\)](#)

Signature

Greg Mitchell

Printed Name

Chief Financial Officer

Title

03/25/2025

Date

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Final Audit Report

2025-03-25

Created:	2025-03-25
By:	Heran Sisay (heran.sisay@als.org)
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