



## 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
300,000	J020 - Department of Health and Human Services	

### Organization Information

Entity Name	Bluffton Jasper County Volunteers in Medicine
Address	29 Plantation Park Dr. Bldg. 600
City/State/Zip	Bluffton, SC 29910
Website	www.bjvim.org
Tax ID#	32-0298086
Entity Type	Nonprofit Organization

### Organization Contact Information

Name	Pam Toney
Position/Title	Executive Director
Telephone	843 706 7090 ex 104
Email	ptoneybjvim@gmail.com

### Reporting Period

Reporting Period	Q3
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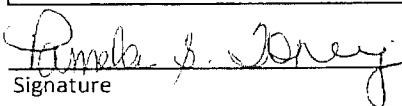
### Accounting of how the funds have been spent:

Description (Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
internet service	\$300,000.00			\$176.92		\$176.92	\$299,823.08
payment to the bank to help with the purchase of the Ridgeland clinic				\$150,000.00		\$150,000.00	-\$150,000.00
reimbursement for job posting				\$1,061.34		\$1,061.34	-\$1,061.34
lunch for volunteers				\$70.85		\$70.85	-\$70.85
downpayment to hook up water at the ridgeland clinic				\$129.00		\$129.00	-\$129.00
internet service				\$176.99		\$176.99	-\$176.99
Job posting				\$129.00		\$129.00	-\$129.00
Board development				\$3,034.50		\$3,034.50	-\$3,034.50
deposit on building design t architect				\$11,000.00		\$11,000.00	-\$11,000.00
Grand Total	\$300,000.00	\$0.00	\$0.00	\$165,778.60	\$0.00	\$165,778.60	\$134,221.40

### 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.

  
Signature

Pamela S. Toney

Printed Name

Executive Director

Title

6-23-2024

Date



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### Organization Contact Information

Name	Pam Toney
Position/Title	Executive Director
Telephone	843 706 7090 ex 104
Email	ptoneybjvim@gmail.com

### Reporting Period

Reporting Period	Q4
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### Accounting of how the funds have been spent:

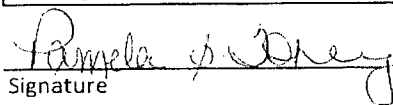
Description (Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
internet service	\$300,000.00			\$353.84		\$353.84	\$299,646.16
payment to the bank to help with the purchase of the Ridgeland clinic				\$150,000.00	\$244.82	\$150,244.82	-\$150,244.82
for job posting				\$1,190.34		\$1,190.34	-\$1,190.34
electricity for Ridgeland clinic				\$240.56	\$467.04	\$707.60	-\$707.60
water service at the ridgeland clinic				\$129.00	\$223.29	\$352.29	-\$352.29
tax balance of Ridgeland clinic					\$746.72	\$746.72	-\$746.72
new flooring for clinic					\$16,700.00	\$16,700.00	-\$16,700.00
Board development				\$3,105.35		\$3,105.35	-\$3,105.35
architect building design				\$11,000.00		\$11,000.00	-\$11,000.00
Grand Total	\$300,000.00	\$0.00	\$0.00	\$166,019.09	\$18,381.87	\$184,400.96	\$115,599.04

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

waiting for additional building bills.

### 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.

  
Signature

Pamela S. Toney

Printed Name

Executive Director

Title

10-23-24

Date