



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 |
|--------------|--|--|
| \$300,000.00 | J020 - Department of Health and Human Services | For the purchase and provision of primary care for the chronically ill uninsured |

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 ext. 104 |
| Email | ptoneybjvim@gmail.com |

Reporting Period

| | |
|------------------|--|
| Reporting Period | Quarter 1: July 1, 2024 - September 30, 2024 |
|------------------|--|

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 | |
| | | \$0.00 | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| Grand Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

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

Funds not received as of 11/26/2024

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

Printed Name

Title

Date

Pamela S. Toney
Pamela S. Toney

Executive Director
11-26-2024