



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
\$296,081.00	J020 - Department of Health and Human Services	Complete construction of an addition to existing building

Organization Information

Entity Name	Clarendon County Commission on Alcohol and Drug Abuse
Address	14 N. Church Street, P. O. Box 430
City/State/Zip	Manning, SC 29102
Website	www.clarendonbhs.com
Tax ID#	57-0609534
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Robert D. Elmore
Position/Title	Deputy Director
Telephone	(803)435-2121
Email	relmore@clarendonbhs.com

Reporting Period

Reporting Period	Quarter 2: October 1, 2024 - December 30, 2024
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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	
Contract	\$296,081.00					\$0.00	\$296,081.00
No expenditures for Quarter 1		\$0.00				\$0.00	\$296,081.00
No expenditures for Quarter 2			\$0.00			\$0.00	\$296,081.00
						\$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	\$296,081.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$296,081.00

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
Robert D. Elmore
Printed Name

Deputy Director
Title
1/15/2025
Date



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Entity Type	Nonprofit Organization

Organization Contact Information

Name	Robert D. Elmore
Position/Title	Deputy Director
Telephone	(803)435-2121
Email	relmore@clarendonbhs.com

Reporting Period

Reporting Period	Quarter 1: July 1, 2024 - September 30, 2024
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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	
Contract	\$296,081.00					\$0.00	\$296,081.00
No expenditures for Quarter 1		\$0.00				\$0.00	\$296,081.00
						\$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	\$296,081.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$296,081.00

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
Robert D. Elmore
Printed Name

Deputy Director
Title
11/27/2024
Date