



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	

Organization Information	
Entity Name	COMMUNITY MEDICINE FOUNDATION
Address	1131 SALUDA STREET
City/State/Zip	ROCK HILL, SC 29730
Website	https://northcentralmed.com/
Tax ID#	25287477-8
Entity Type	Nonprofit Organization

Organization Contact Information	
Name	ERNEST BROWN
Position/Title	CEO
Telephone	803-325-7744
Email	ERNESTBROWN@NCFMC.NET

Reporting Period	
Reporting Period	

Accounting of how the funds have been spent:						
Description (Attach additional detail for subgrantees and affiliated nonprofits)	Expenditures				Total	Balance
	Quarter 1	Quarter 2	Quarter 3	Quarter 4		
Screenings(\$150 @1000)	\$ 17,150.00				\$17,150.00	\$132,850.00
Treatment Support (950 @ \$200)					\$0.00	\$190,000.00
Followup					\$0.00	\$95,000.00
Immunization Consult					\$0.00	\$101,725.00
Outreach Initiatives	\$26,070.00				\$26,070.00	\$183,930.00
Travel					\$0.00	\$3,275.00
					\$0.00	\$0.00
					\$0.00	\$0.00
					\$0.00	\$0.00
Grand Total	\$43,220.00	\$0.00	\$0.00	\$0.00	\$43,220.00	\$706,780.00

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.

Ernest Brown
Signature

CEO
Title

10/17/2024
Date

Ernest Brown
Printed Name