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 of 2022 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, 2023.

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			Budget	Expenditures Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Staff Salaries			$425,300.00	$72,075.00				$72,075.00	$353,225.00
Benefits			$34,449.30	$5,838.08				$5,838.08	$28,611.22
Screenings($125 @89)			$ 16,750.00	-				$0.00	$16,750.00
Treatment Support ($500 @ 190)			$ 95,000.00	15,950.00				$15,950.00	$79,050.00
Followup			$ 15,000.00	1,000.00				$1,000.00	$14,000.00
Immunization Consult			$ 50,000.00	-				$0.00	$50,000.00
Outreach Initiatives/Events			$ 46,500.70	-				$0.00	$46,500.70
Contractors			$ 37,000.00	-				$0.00	$37,000.00
Children Space			$ 30,000.00	-				$0.00	$30,000.00
				-	-	-	-		$0.00
				-	-	-	-		$0.00
		Grand Total	$750,000.00	$94,863.08	$0.00	$0.00	$0.00	$94,863.08	$655,136.92

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

~~Dale S Johnson~~ Ernest Brown, CEO
Printed Name

~~Grant Compliance Analyst~~ CEO
Title

Jun-24
Date

State of South Carolina Contribution Expenditure Report

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Organization Information		
Entity Name	COMMUNITY MEDICINE FOUNDATION	
Address	1131 SALUDA STREET	
City/State/Zip	ROCK HILL, SC 29730	
Website	https://northcentralmed.com/	
Tax ID#	2528477-8	
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			Budget	Expenditures Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Staff Salaries			$425,300.00	$72,075.00	$127,075.00			$199,150.00	$226,150.00
Benefits			$34,449.30	$5,838.08	$5,838.08			$11,676.16	$22,773.14
Screenings($125 @89)			$ 16,750.00	-	15,000.00			$15,000.00	$1,750.00
Treatment Support ($500 @ 190)			$ 95,000.00	15,950.00	14,020.00			$29,970.00	$65,030.00
Followup			$ 15,000.00	1,000.00	4,000.00			$5,000.00	$10,000.00
Immunization Consult			$ 50,000.00	-	12,000.00			$12,000.00	$38,000.00
Outreach Initiatives/Events			$ 46,500.70	-	15,090.00			$15,090.00	$31,410.70
Contractors			$ 37,000.00	-	5,000.00			$5,000.00	$32,000.00
Children Space			$ 30,000.00	-	-			$0.00	$30,000.00
				-	-	-	-		$0.00
				-	-	-	-		$0.00
		Grand Total	$750,000.00	$94,863.08	$198,023.08	$0.00	$0.00	$292,886.16	$457,113.84

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

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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
~~Dale S. Johnson~~ Ernest Brown — Printed Name

~~Grant Compliance Analyst~~ CEO — Title
Jun-24 — Date

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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			Budget	Expenditures Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Staff Salaries			$425,300.00	$72,075.00	$127,075.00	$93,825.00		$292,975.00	$132,325.00
Benefits			$34,449.30	$5,838.08	$5,838.08	$7,397.33		$19,073.49	$15,375.81
Screenings($125 @89)			$ 16,750.00	-	15,000.00	15,550.00		$30,550.00	-$13,800.00
Treatment Support ($500 @ 190)			$ 95,000.00	15,950.00	14,020.00	25,850.00		$55,820.00	$39,180.00
Followup			$ 15,000.00	1,000.00	4,000.00	2,500.00		$7,500.00	$7,500.00
Immunization Consult			$ 50,000.00	-	12,000.00	20,000.00		$32,000.00	$18,000.00
Outreach Initiatives/Events			$ 46,500.70	-	15,090.00	19,827.65		$34,917.65	$11,583.05
Contractors			$ 37,000.00	-	5,000.00	12,723.68		$17,723.68	$19,276.32
Children Space			$ 30,000.00	-	-	-		$0.00	$30,000.00
				-	-	-			$0.00
				-	-	-	-		$0.00
		Grand Total	$750,000.00	$94,863.08	$198,023.08	$197,673.66	$0.00	$490,559.82	$259,440.18

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

Dale S. Johnson Ernest Brown
Printed Name

~~Grant Compliance Analyst~~ CEO
Title

Jun-24
Date

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Name	ERNEST BROWN
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Telephone	803-325-7744
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Reporting Period	
Reporting Period	

Accounting of how the funds have been spent:

Description			Budget	Expenditures Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Staff Salaries			$425,300.00	$72,075.00	$127,075.00	$93,825.00	$103,825.00	$396,800.00	$28,500.00
Benefits			$34,449.30	$5,838.08	$5,838.08	$7,397.33	$7,397.33	$26,470.82	$7,978.48
Screenings($125 @89)			$ 16,750.00	-	15,000.00	15,550.00	19,700.00	$50,250.00	-$33,500.00
Treatment Support ($500 @ 190)			$ 95,000.00	15,950.00	14,020.00	25,850.00	38,230.00	$94,050.00	$950.00
Followup			$ 15,000.00	1,000.00	4,000.00	2,500.00	-	$7,500.00	$7,500.00
Immunization Consult			$ 50,000.00	-	12,000.00	20,000.00	8,000.00	$40,000.00	$10,000.00
Outreach Initiatives/Events			$ 46,500.70	-	15,090.00	19,827.65	9,500.00	$44,417.65	$2,083.05
Contractors			$ 37,000.00	-	5,000.00	12,723.68	18,729.00	$36,452.68	$547.32
Children Space			$ 30,000.00	-	-	-	28,000.00	$28,000.00	$2,000.00
				-	-	-	-		$0.00
				-	-	-	-		$0.00
		Grand Total	$750,000.00	$94,863.08	$198,023.08	$197,673.66	$233,381.33	$723,941.15	$26,058.85

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

~~Dale S. Johnson~~ Ernest Brown
Printed Name

~~Grant Compliance Analyst~~ CEO
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Jun-24
Date