

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					
	J020 - Department of Health and Human Services						

Organization Information						
Entity Name	HopeHealth, Inc.					
Address	600 E. Palmetto Street					
City/State/Zip	Florence, SC 29506					
Website	www.hope-health.org					
Tax ID#	57-0984427					
Entity Type	Nonprofit Organization					

Organization Contact Information					
Name	Kathryn Lambert				
Position/Title	Grant Administrator				
Telephone	479-802-9174				
Email	klambert@hope-health.org				

	Reporting Period					
Reporting Period	Quarter 1: July 1, 2023 - September 30, 2023					

Accounting of how the funds have been spent:										
Description		Expenditures								
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance			
Interior Finishes	\$275,000.00	\$32,257.00				\$32,257.00	\$242,743.00			
HVAC	\$225,000.00	\$107,174.00				\$107,174.00	\$117,826.00			
						\$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	\$500,000.00	\$139,431.00	\$0.00	\$0.00	\$0.00	\$139,431.00	\$360,569.00			

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

Printed Name

Title

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