



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
\$100,000.00	J020 - Department of Health and Human Services	Fund will be used to provide needs-based support for MedEx Academy students.

Organization Information	
Entity Name	Prisma Health Medical Experience (MedEx) Academy
Address	605 Grove Road, Suite 301
City/State/Zip	Greenville, SC 29605
Website	https://academics.prismahealth.org/academics/education
Tax ID#	81-1723202
Entity Type	Nonprofit Organization


Organization Contact Information	
Name	Dr. Desmond Kelly
Position/Title	Chief Academic Executive Officer, Interim
Telephone	864-455-1161
Email	desmond.kelly@prismahealth.org

Reporting Period	
Reporting Period	Quarter 3: January 1, 2024 - March 31, 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	
Student Summer Housing	\$25,000.00	\$0.00	\$0.00			\$0.00	\$25,000.00
MCAT/GRE Test Prep, Health Screening, and Certfications	\$20,000.00	\$0.00	\$0.00			\$0.00	\$20,000.00
Student Meals	\$15,000.00	\$0.00	\$0.00			\$0.00	\$15,000.00
Support for MedEx Nursing Students	\$15,000.00	\$0.00	\$0.00			\$0.00	\$15,000.00
Student Support	\$25,000.00	\$0.00	\$0.00			\$0.00	\$25,000.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,000.00

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year) :
Funding not yet received for this quarter.

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  
Dr. Desmond Kelly  
\_\_\_\_\_  
Printed Name

Chief Academic Executive Office  
\_\_\_\_\_  
Title  
1-Apr-24  
\_\_\_\_\_  
Date