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
Contract amount	J020 - Department of Health and Human Services	

Organization Information	
Entity Name	Generations Alternative Program
Address	820 Dunklin Bridge Road
City/State/Zip	Fountain Inn SC, 29644
Website	Generationsgroup.com
Tax ID#	57-0929065
Entity Type	Nonprofit Organization

Organization Contact Information	
Name	Chris Leach
Position/Title	Facility Director
Telephone	864-243-5557 Ext. 512
Email	Chris@generationsgroup.com

Reporting Period	
Reporting Period	Quarter 1: July 1, 2024 - September 30, 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	
Funds have not been received yet.		$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	$0.00
						$0.00	$0.00
						$0.00	$0.00
Grand Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

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.

CC h

Signature

Chris Leach

Printed Name

Facility Director

Title

30-Sep-24

Date

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
Contract amount	J020 - Department of Health and Human Services	

Organization Information	
Entity Name	Generations Alternative Program
Address	820 Dunklin Bridge Road
City/State/Zip	Fountain Inn SC, 29644
Website	Generationsgroup.com
Tax ID#	57-0929065
Entity Type	Nonprofit Organization

Organization Contact Information	
Name	Chris Leach
Position/Title	Facility Director
Telephone	864-243-5557 Ext. 512
Email	Chris@generationsgroup.com

Reporting Period	
Reporting Period	Quarter 2: October 1, 2024 - December 30, 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	
Funds have not been received yet.		$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
						$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
Grand Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

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.

CC h

Signature

Chris Leach

Printed Name

Facility Director

Title

30-Dec-24

Date

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
Contract amount	J020 - Department of Health and Human Services	

Organization Information	
Entity Name	Generations Alternative Program
Address	820 Dunklin Bridge Road
City/State/Zip	Fountain Inn SC, 29644
Website	Generationsgroup.com
Tax ID#	57-0929065
Entity Type	Nonprofit Organization

Organization Contact Information	
Name	Chris Leach
Position/Title	Facility Director
Telephone	864-243-5557 Ext. 512
Email	Chris@generationsgroup.com

Reporting Period	
Reporting Period	Quarter 3: January 1, 2025 - March 31, 2025

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	
Funds received and work has been scheduled.	$35,025.00	$0.00	$0.00	$0.00		$0.00	$35,025.00
						$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
						$0.00	$0.00
Grand Total	**$35,025.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$35,025.00**

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.

CCL

Signature

Chris Leach

Printed Name

Facility Director

Title

27-Mar-25

Date