



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 each quarter and by June 30, 2024.

Contribution Information

Purpose

Organization Information

Organization Contact Information	
Name	Hamilton Jacobs
Position/Title	Founder
Telephone	803-846-3175
Email	

Organization Contact Information

Name	Hamilton Jacobs
Position/Title	Founder
Telephone	803-846-3175
Email	

Reporting Period

Accounting of how the funds have been spent:

Description	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
(Attach additional detail for subgrantees and affiliated nonprofits)	\$25,000.00	\$0.00	\$5,000.00			\$0.00	\$25,000.00
T-shirt order placed for Project Bridge mentorship program and upcoming Peax						\$5,000.00	-\$5,000.00
						\$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	\$25,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$5,000.00	\$20,000.00

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.

Founder	Title
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Date 1-22-24



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	Purpose
State Agency Providing the Contribution	
J020 - Department of Health and Human Services	

Organization Information	
Entity Name	Bridge Over Foundation - Project Bridge
Address	212 Saskatoon Drive
City/State/Zip	Hopkins South Carolina 29061
Website	
Tax ID#	
Entity Type	

Organization Contact Information	
Name	Hamilton Jacobs
Position/Title	Founder
Telephone	803-846-3175
Email	hamiltonjacobs@yahoo.com

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	
T-shirt order placed for Project Bridge mentorship program and upcoming Peace Walk(Sound,Water, Event Planner, Flowers for Mother's that lost childr	\$25,000.00	\$0.00	\$5,000.00	\$5,000.00		\$0.00	\$25,000.00
				\$5,000.00		\$5,000.00	-\$5,000.00
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						\$0	

Funds not received as of 12/07/23

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

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:

Expenditure Certification

Signature _____
 Printed Name _____
 Hamilton Jacobs

Founder
Title
5/21/2024
Date