

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					
	J020 - Department of Health and Human Services						

Organization Information						
Entity Name	Rural Health Services					
Address	1000 Clyburn Place					
City/State/Zip	Aiken, South Carolina 29801					
Website	www.ruralhs.org					
Tax ID#	23-7085643					
Entity Type	Nonprofit Organization					

Organization Contact Information					
Name	Kyle Herbert				
Position/Title	Chief Financial Officer				
Telephone	803-380-7011				
Email	kherbert@ruralhs.org				

Reporting Period						
Reporting Period	Quarter 1: July 1, 2024 - September 30, 2024					

Account	ing of how the	funds have bee	en spent:				
Description		Expenditures					
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
		\$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):

Funds have not been received as of 11/21/2024.

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

KYCE HERBERT

Printed Name

CFO
Title
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Date