



This form is designed to collect the quarterly and annual expenditure reports required by South Carolina in accordance with Proviso 11.7.21 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 destination organization at the end of each quarter and by June 30, 2025.

Contribution Information	
Amount	Purpose
J020 - Department of Health and Human Services	

Organization Information	
Entity Name	Sea Haven Inc
Address	PO Box 600
City/State/Zip	North Myrtle Beach SC, 29597
Website	http://www.seahavenyouth.org
Tax ID#	
Entity Type	Nonprofit Organization

Organization Contact Information	
Name	Curtis Joe
Position/Title	Executive Director
Telephone	843-507-8927
Email	cjoe@seahavenyouth.org

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
Quarterly Physicals	\$5,000.00		\$139.00			\$139.00	\$4,861.00
Medical Supplies	\$5,000.00		\$70.67			\$70.67	\$4,929.33
Prescription	\$5,000.00		\$56.57			\$56.57	\$4,943.43
Transition Specialist	\$30,000.00		\$11,250.00			\$11,250.00	\$18,750.00
						\$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	\$45,000.00	\$0.00	\$11,516.24	\$0.00	\$0.00	\$11,516.24	\$33,483.76

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

Signature _____

Artist Joe

Printed Name _____

Title

Executive Director

Date _____

Title	2/21/2025
Date	