

State of South Carolina Contribution Expenditure Report

1/4/2024

23100

PIN: **7167050**

| Contract and Reporting Period | | | | | |
|--|--|--------------------|----------------|---|--------------------|
| Pregnancy Center and Clinic of the Low Country ▼ Entity Name EMK239 Contract Number | | | | S | Search Contracts |
| Quarter 1 $\overline{}$ | | | | | |
| Reporting Period | | | | | |
| Contribution Information | | | | | |
| \$50,000.00 SC Departm | Department of Health and Environmental Control | | | Prenatal medical care to uninsured and underserved women residing in Beaufort and Jasper Counties | |
| Organization Contact Information | | | | | |
| Ellen Sullivan Contact Name | Executive Director Position/Title | (843) 6 Telepho | 89-2222 one | ellen.sullivan@preg | nancycenterhhi.org |
| Accounting of how the funds have been spent: | | | | | |
| Description Expenditures | | | | | |
| Funds used to help cover the cost of professional staff (RN's, APRN/CNM, Interpreters) \$12,500.00 | | | | | |
| | | | | | |
| | | | | Grand Tot | ral: \$12,500.00 |
| | | | | | |
| Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year): | | | | | |
| N/A | | | | | |
| IV/A | | | | | |
| | | | | | |
| 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. | | | | | |
| Reason for Rejection: (Entity will recieve this in email response.) | | | | Ellen Sullivar 1/4/2024, 4:16:29 | |
| | | | Organiz | ation Signature | |