

State of South Carolina Contribution Expenditure Report

12/11/2024 23974

Grand Total:

\$29,944.08

PIN: **1808132**

| | 3:32 | | |
|-----------------------|--|---|--|
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| _ | FMVCZO | | |
| | | | |
| _ | Contract Number | er | |
| Quarter 1 | ~ | | |
| Reporting Period | | | |
| | | | |
| ment of Public Health | | St. John Holistic Welli | ness Center |
| | | | |
| Program Director | (803) 310-2405 | kenroachsc@aol.co | m |
| | <u> </u> | | |
| 1 OSITION/ TITLE | тетерноне | Linaii | |
| n spent: | | | |
| ion | | | Expenditures |
| | | | \$1,500.00 |
| | | | \$3,000.00 |
| | | | \$699.28 |
| | | | \$5,980.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$10,000.00 |
| | | | \$764.80 |
| | | | \$0.00 |
| | | | \$8,000.00 |
| | Quarter 1 Reporting Period nent of Public Health Program Director Position/Title n spent: | Quarter 1 Reporting Period The program Director Position/Title Reporting Period (803) 319-2405 | Contract Number Quarter 1 Reporting Period St. John Holistic Well Program Director Position/Title Reporting Period St. John Holistic Well kenroachsc@aol.co Email |

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

The remaining of the funds will be spent during the remaining quarter. There are several upcoming events and marketing notices that have begun in quarter two.

Expenditure Certification

| The Organization certifies that the | unds have been ex | xpended in accordan | ce 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.) | Kendrick Roach 12/11/2024, 2:08:18 PM |
|---|--|
| | Organization Signature |