State of South Carolina Contribution Expenditure Report

12/9/2024 23960

PIN: **1811407**

Contract and Reporting Period

TH CARO

Quarter 1 Quarter 2	2 Quarter 3 Quarter 4	Remaining Balanc	e		
\$0.00		\$1,500,000.0		\$0.00	
None				\$0.00	
Description			Expenditures		
Accounting of how the funds have been spent:					
Sallie Harrell Contact Name	Executive Director Position/Title	(803) 243-0851 Telephone	sharrell@healthdistri Email	ctkc.org	
Organization Contact Inform	mation				
\$1,500,000.00	SC Department of Public Health		Kershaw County Indoor Pool & C	community Health Center	
Contribution Information					
	Reporting Period	1			
	Quarter 1	•			
Entity Name		Contract Number			
Kershaw County Health Services District		EMK688			

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.)	Sallie Harrell 12/9/2024, 11:19:09 AM	
	Organization Signature	