

## State of South Carolina Contribution Expenditure Report

4/17/2024

23100

PIN: **7167050** 

<b>Contract and Reporting Pe</b>	riod				
Pregnancy Center Entity Name	and Clinic of the Low Cou Quarte Reporti	(	EMK239 Contract Number		
Contribution Information					
\$50,000.00	SC Department of Health and Environ		ental Control	Prenatal medical care to uninsured and underserved women residing in Beaufort and Jasper Counties	
Organization Contact Infor	mation				
Ellen Sullivan Contact Name	Executive Position/T		<u> </u>	ellen.sullivan@pregnal Email	ncycenterhhi.org
Accounting of how the fund	ds have been spent:				
Description				Ex	penditures
Funds used to help cover the cost of professional staff (RN's, APRN/CNM, Interpreters) \$12,500.00					
\$12,500.00 \$12,500 Quarter 1 Quarter 2	2 Quarter 3 C		\$25,000.00 maining Balance	-	\$12,500.00
Explanation of any unspen	t funds <i>(to be provided (</i>	only if unspent	funds remain at	the end of the fiscal y	year):
N/A					
<b>Expenditure Certification</b>					
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 Sullivan					
(_				17/2024, 10:56:00 tion Signature	AM