

State of South Carolina Contribution Expenditure Report

6/19/2024

23100

PIN: **7167050**

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Contract and Reporting Per	riod						
Pregnancy Center and Clinic of the Low Country Entity Name Quarter 3 Reporting F			EMK239 Contract Number ▼ od				
Contribution Information							
\$50,000.00 SC Department of Health and			nvironme	ntal Control	Prenatal medical care to uninsured and underserved women residing in Beaufort and Jasper Counties		
Organization Contact Infor	mation						
Ellen Sullivan Contact Name	P	Executive Director cosition/Title	(843) Teleph	689-2222 none	ellen.sulliv	an@pregnar	ncycenterhhi.
Accounting of how the funds have been spent:							
Description Expenditures							enditures
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			Rem	\$12,500.00 emaining Balance		rand Total:	\$12,500.00
Explanation of any unspen	t funds <i>(to be p</i>	rovided only if un	าspent fu	ınds remain a	at the end of	the fiscal yea	ar):
The funds are anticipated to	be expended by	y 8/1/2024.					
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: (E	intity will recieve	this in email respo	onse.)		Ellen S 6/19/2024, cation Signa		М