

## State of South Carolina Contribution Expenditure Report

10/4/2024

23100

PIN: **7167050** 

		7107					
Contract and Reporting Pe	riod						
Pregnancy Center	and Clinic of the Low	/ Country	EMK239				
Entity Name			Contract Nu	ımber			
	Q	uarter 4	•				
	Re	eporting Period		-			
Contribution Information							
\$50,000.00 SC Department of Health and Envir			ronmental Contr	Prenatal medical care to uninsured and underserved women residing in Beaufort and Jasper Counties			
Organization Contact Infor	mation						
Ellen Sullivan Contact Name			(843) 689-222 Telephone	2 ellen Ema	.sullivan@pregna il	ncycenterhhi.org	
Accounting of how the fun	ds have been spent	:					
	Description					Expenditures	
Funds were used to help cover the	cost of professional staff (	(RN's, APRN/CNM, I	nterpreters)			\$12,500.00	
\$12,500.00 \$12,500	0.00 \$12,500.00	\$12,500.00		\$0.00	Grand Total:	\$12,500.00	
Quarter 1 Quarter		Quarter 4	Remaining Ba			<b>*</b> 12,000100	
Explanation of any unspen	t funds <i>(to be provi</i>	ded only if uns	pent funds rem	ain at the o	end of the fiscal	year):	
All funds have been expend	ded.						
Expenditure Certification							
The Organization certifier Providing the Distribution			in accordance v	vith the Pla	n provided to the	Agency	
Reason for Rejection: (Entity will recieve this in email response.)				Ellen Sullivan 10/4/2024, 8:37:08 PM			
			Orga	anization	Signature		