



### State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports required by South Carolina in accordance with Proviso 117.21 of the appropriations act of 2022 and Executive Order 2022-19. This form must be submitted to the state agency that is providing the contribution to the designation organization at the end of year quarter and by June 30, 2023.

#### Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$300,000.00	J020 - Department of Health and Human Services	Sickle Cell Disease Patient Services

#### Organization Information

Entity Name	James R. Clark Memorial Sickle Cell Foundation
Address	1420 Gregg Street
City/State/Zip	Columbia, SC 29201
Website	jamesrclarksicklecell.org
Tax ID#	57-0858930
Entity Type	Nonprofit Organization

#### Organization Contact Information

Name	Dr. Melodie Hunnicutt
Position/Title	Executive Director
Telephone	803-765-9916
Email	sicklecell@sc.rr.com

#### Reporting Period

Reporting Period	Quarter 1: July 1, 2022 - September 30, 2022
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#### Accounting of how the funds have been spent:

Description	Budget	Expenditures				Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
Nurse Case Management	\$124,000.00	\$29,180.00				\$29,180.00	\$94,820.00
CHW and Health Educator Case Management	\$78,000.00	\$16,125.00				\$16,125.00	\$61,875.00
Patient Education	\$20,000.00	\$3,708.00				\$3,708.00	\$16,292.00
Emergency Patient Assistance	\$20,000.00	\$3,645.00				\$3,645.00	\$16,355.00
Travel	\$2,000.00	\$470.00				\$470.00	\$1,530.00
Information Technology	\$8,000.00	\$1,002.00				\$1,002.00	\$6,998.00
Patient Support Groups and Events	\$15,000.00	\$2,770.00				\$2,770.00	\$12,230.00
Advocacy	\$25,000.00	\$7,899.00				\$7,899.00	\$17,101.00
Rent (Florence and Sumter Offices)	\$8,000.00	\$2,175.00				\$2,175.00	\$5,825.00
<b>Grand Total</b>	<b>\$300,000.00</b>	<b>\$66,974.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$66,974.00</b>	<b>\$233,026.00</b>

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

#### 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.

Dr. Melodie Hunnicutt  
 Signature  
 Dr. Melodie Hunnicutt  
 Printed Name

Executive Director  
 Title  
5/31/23  
 Date



### State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports required by South Carolina in accordance with Proviso 117.21 of the appropriations act of 2022 and Executive Order 2022-19. This form must be submitted to the state agency that is providing the contribution to the designation organization at the end of year quarter and by June 30, 2023.

Contribution Information	
Amount	State Agency Providing the Contribution
\$300,000.00	J020 - Department of Health and Human Services
	Purpose
	Sickle Cell Disease Patient Services

Organization Information	
Entity Name	James R. Clark Memorial Sickle Cell Foundation
Address	1420 Gregg Street
City/State/Zip	Columbia, SC 29201
Website	jamesrclarksicklecell.org
Tax ID#	57-0858930
Entity Type	Nonprofit Organization

Organization Contact Information	
Name	Dr. Melodie Hunnicutt
Position/Title	Executive Director
Telephone	803-765-9916
Email	sicklecell@sc.rr.com

Reporting Period	
Reporting Period	Quarter 2: October 1, 2022 - December 30, 2022

Description	Budget	Expenditures				Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
Nurse Case Management	\$124,000.00	\$29,180.00	\$33,820.00			\$63,000.00	\$61,000.00
CHW and Health Educator Case Management	\$78,000.00	\$16,125.00	\$18,943.00			\$35,068.00	\$42,932.00
Patient Education	\$20,000.00	\$3,708.00	\$5,809.00			\$9,517.00	\$10,483.00
Emergency Patient Assistance	\$20,000.00	\$3,645.00	\$5,742.00			\$9,387.00	\$10,613.00
Travel	\$2,000.00	\$470.00	\$735.00			\$1,205.00	\$795.00
Information Technology	\$8,000.00	\$1,002.00	\$205.00			\$1,207.00	\$6,793.00
Patient Support Groups and Events	\$15,000.00	\$2,770.00	\$4,560.00			\$7,330.00	\$7,670.00
Advocacy	\$25,000.00	\$7,899.00	\$6,233.00			\$14,132.00	\$10,868.00
Rent (Florence and Sumter Offices)	\$8,000.00	\$2,175.00	\$2,175.00			\$4,350.00	\$3,650.00
<b>Grand Total</b>	<b>\$300,000.00</b>	<b>\$66,974.00</b>	<b>\$78,222.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$145,196.00</b>	<b>\$154,804.00</b>

Accounting of how the funds have been spent:

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

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.	

Signature Dr. Melodie Hunnicutt  
 Title Executive Director  
 Date 5/31/23

Signature Melodie Hunnicutt  
 Title Executive Director  
 Date 5/31/23





### State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports required by South Carolina in accordance with Proviso 1.17.21 of the appropriations act of 2022 and Executive Order 2022-19. This form must be submitted to the state agency that is providing the contribution to the designation organization at the end of year quarter and by June 30, 2023.

#### Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$300,000.00	J020 - Department of Health and Human Services	Sickle Cell Disease Patient Services

#### Organization Information

Entity Name	James R. Clark Memorial Sickle Cell Foundation
Address	1420 Gregg Street
City/State/Zip	Columbia, SC 29201
Website	jamesrclarksicklecell.org
Tax ID#	57-0858930
Entity Type	Nonprofit Organization

#### Organization Contact Information

Name	Dr. Melodie Hunnicutt
Position/Title	Executive Director
Telephone	803-765-9916
Email	sicklecell@sc.rr.com

#### Reporting Period

Reporting Period	Quarter 3: January 1, 2023 - March 31, 2023
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#### Accounting of how the funds have been spent:

Description	Budget	Expenditures				Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
Nurse Case Management	\$124,000.00	\$29,180.00	\$33,820.00	\$29,385.00		\$92,385.00	\$31,615.00
CHW and Health Educator Case Management	\$78,000.00	\$16,125.00	\$18,943.00	\$23,276.00		\$58,344.00	\$19,656.00
Patient Education	\$20,000.00	\$3,708.00	\$5,809.00	\$3,615.00		\$13,132.00	\$6,868.00
Emergency Patient Assistance	\$20,000.00	\$3,645.00	\$5,742.00	\$6,227.00		\$15,614.00	\$4,386.00
Travel	\$2,000.00	\$470.00	\$735.00	\$105.00		\$1,310.00	\$690.00
Information Technology	\$8,000.00	\$1,002.00	\$205.00	\$1,084.00		\$2,291.00	\$5,709.00
Patient Support Groups and Events	\$15,000.00	\$2,770.00	\$4,560.00	\$561.00		\$7,891.00	\$7,109.00
Advocacy	\$25,000.00	\$7,899.00	\$6,233.00	\$5,250.00		\$19,382.00	\$5,618.00
Rent (Florence and Sumter Offices)	\$8,000.00	\$2,175.00	\$2,175.00	\$2,175.00		\$6,525.00	\$1,475.00
<b>Grand Total</b>	<b>\$300,000.00</b>	<b>\$66,974.00</b>	<b>\$78,222.00</b>	<b>\$71,678.00</b>	<b>\$0.00</b>	<b>\$216,874.00</b>	<b>\$83,126.00</b>

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

#### 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.

Signature  
*Dr. Melodie Hunnicutt*

Printed Name  
Dr. Melodie Hunnicutt

Executive Director

Title  
5/31/23  
Date