



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.

Amount	\$500,000.00	State Agency Providing the Contribution	Project HOPE (Health, Opportunities, Prevention and Education)	Purpose
		J020 - Department of Health and Human Services		

Organization Information	
Entity Name	Louvenia D. Barksdale Sickle Cell Anemia Foundation
Address	Post Office Box 191
City/State/Zip	Spartanburg, South Carolina 29304
Website	www.ldbarksdaleasc.org
Tax ID#	57-0681682
Entity Type	Nonprofit Organization

Organization Contact Information	
Name	Rhonda Young
Position/Title	Executive Director
Telephone	(864) 582-9420
Email	ryoung@ldbarksdaleasc.org

Reporting Period	Quarter 1: July 1, 2022 - September 30, 2022
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Description	Budget	Expenditures				Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
Sickle Cell Disease Research	\$100,000.00	\$0.00				\$0.00	\$100,000.00
Marketing	\$35,000.00	\$0.00				\$0.00	\$35,000.00
Training and Development	\$10,000.00	\$0.00				\$0.00	\$10,000.00
Legal and Professional Fees	\$5,000.00	\$0.00				\$0.00	\$5,000.00
Consulting Fees	\$10,000.00	\$0.00				\$0.00	\$10,000.00
Administrative (Salaries, Payroll Expenses and Benefits)	\$200,000.00	\$0.00				\$0.00	\$200,000.00
Summer Camp	\$5,000.00	\$0.00				\$0.00	\$5,000.00
Client Services	\$100,000.00	\$0.00				\$0.00	\$100,000.00
Repairs, Maintenance and Equipment	\$35,000.00	\$0.00				\$0.00	\$35,000.00
Grand Total	\$500,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$500,000.00

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):
 The funds were not received for this Quarter.

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: Rhonda Young
 Printed Name: Rhonda Young

Title: Executive Director
 Date: 11-21-2022

Expenditure Certification