



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 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, 2025.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$300,000.00	SCDHHS	clinic remodeling

Organization Information

Entity Name	Bluffton Jasper Volunteers in Medicine
Address	29 Plantation Park Dr. Bldg. 600
City/State/Zip	Bluffton, SC 29910
Website	www.bjvim.org
Tax ID#	32-0298086
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Pam Toney
Position/Title	Executive Director
Telephone	843 706 7090 ex 104
Email	ptoneybjvim@gmail.com

Reporting Period

Reporting Period	Quarter 1: July 1, 2024 - September 30, 2024
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Accounting of how the funds have been spent:

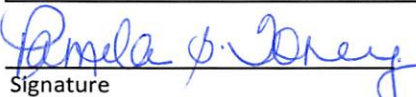
Description (Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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

did not receive the funding in this quarter.

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
Pamela S. Toney
Printed Name

Executive Director
Title
2/13/2025
Date