



### 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, 2024.

#### Contribution Information

Amount	State Agency Providing the Contribution	Purpose
J020 - Department of Health and Human Services		

#### Organization Information

Entity Name	Camp Happy Days
Address	933 Dupont Rd. Suite B
City/State/Zip	Charleston, SC 29407
Website	www.camphappydays.org
Tax ID#	57-0755466
Entity Type	Nonprofit Organization

#### Organization Contact Information

Name	Cindy Hay Johnson
Position/Title	Executive Director
Telephone	843-571-4336
Email	cindy@camphappydays.com

#### Reporting Period

Reporting Period	Quarter 1: July 1, 2023 - September 30, 2023
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#### Accounting of how the funds have been spent:

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

Our expenditures for this grant start in October 2023 (Q2).

#### 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.

Lisa McDonald Metts  
Signature

Lisa McDonald Metts  
Printed Name

Finance Director

Title

12/8/2023  
Date

Date