



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
\$100,000.00	J020 - Department of Health and Human Services	Minority health literacy across the state

Organization Information

Entity Name	Closing the Gap in Healthcare, Inc
Address	3951 W. Montague Ave
City/State/Zip	N Charleston, SC 29418
Website	www.closingthegapinhealthcare.org
Tax ID#	52-2450102
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Tiffany Bell
Position/Title	Project Director
Telephone	678-314-4692
Email	tiffany@closingthegapinhealthcare.org

Reporting Period

Reporting Period	Quarter 4: April 1, 2024 - June 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	
Video Production Services	\$9,500.00			\$6,500.00	\$2,400.00	\$8,900.00	\$600.00
Media Promotion (Broadcasting)	\$50,000.00			\$2,452.00	\$53,965.18	\$56,417.18	-\$6,417.18
Other Expenses	\$5,500.00			\$3,000.00	\$40.80	\$3,040.80	\$2,459.20
Social Media	\$3,000.00			\$0.00		\$0.00	\$3,000.00
Salaries & related expenses	\$28,000.00			\$0.00	\$30,142.02	\$30,142.02	-\$2,142.02
Talent & Buyer, Other Prof Fees	\$4,000.00			\$0.00	\$1,500.00	\$1,500.00	\$2,500.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$100,000.00	\$0.00	\$0.00	\$11,952.00	\$88,048.00	\$100,000.00	\$0.00

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

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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
Tiffany J. Bell

Printed Name

Project Director

Title
15-Jul-24

Date