



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
1020 - Department of Health and Human Services	Sickle Cell Disease	

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.ldbarksdalesc.org
Tax ID#	57-0681682
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Rhonda Young
Position/Title	Executive Director
Telephone	(864) 582-9420
Email	ryoungldbarksdalesc.org

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 <i>(Attach additional detail for subgrantees and affiliated nonprofits)</i>	Budget	Expenditures				Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
Emergency Patient Assistance	\$20,000.00	\$0.00				\$0.00	\$20,000.00
Camp Crescent (Prisma)	\$10,000.00	\$0.00				\$0.00	\$10,000.00
Support Groups and Events	\$15,000.00	\$0.00				\$0.00	\$15,000.00
Community Outreach and Engagement	\$45,000.00	\$0.00				\$0.00	\$45,000.00
Educational and Awareness Materials	\$10,000.00	\$0.00				\$0.00	\$10,000.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,000.00

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.

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
Rhonda Young
Printed Name

Title
Executive Director
Date
12-6-2023