



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
\$50,000.00	J020 - Department of Health and Human Services	Health & Wellness, Outreach, Case Mangement, Administration, Operational

Organization Information

Entity Name	First Impression of SC
Address	15 Grand Avenue
City/State/Zip	Greenville, SC 29607
Website	1isc.org
Tax ID#	82-3774191
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Sheila Mooney
Position/Title	Grants Administrator
Telephone	864-520-1500
Email	1stimpersionscgrants@gmail.com

Reporting Period

Reporting Period	Quarter 2: October 1, 2023 - December 30, 2023
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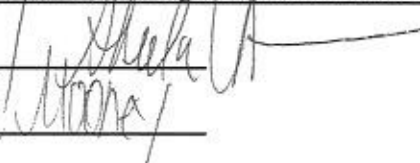
Accounting of how the funds have been spent:

Description <i>(Attach additional detail for subgrantees and affiliated nonprofits)</i>	Budget	Expenditures					Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4			
Salaries			\$18,633.38			\$18,633.38	-\$18,633.38	
General Operation (Rent, Equipment, Supplies)			\$1,135.00			\$1,135.00	-\$1,135.00	
Utilities						\$0.00	\$0.00	
Internet			\$127.97			\$127.97	-\$127.97	
Transportation/Insurance			\$746.62			\$746.62	-\$746.62	
WOW Women of Worth			\$82.27			\$82.27	-\$82.27	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
Grand Total	\$0.00	\$0.00	\$20,725.24	\$0.00	\$0.00	\$20,725.24	-\$20,725.24	

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

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.

Sheila Mooney
 Signature 
 Printed Name

Grants Administrator
 Title
 3/30/2024
 Date



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Organization Contact Information

Name	Sheila Mooney
Position/Title	Grants Administrator
Telephone	864-520-1500
Email	1stimpresionscgrants@gmail.com

Reporting Period

Reporting Period	Quarter 3: January 1, 2024 - March 31, 2024
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Accounting of how the funds have been spent:

Description <small>(Attach additional detail for subgrantees and affiliated nonprofits)</small>	Budget	Expenditures					Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4			
Salaries				\$23,125.00		\$23,125.00	-\$23,125.00	
General Operation (Rent, Equipment, Supplies)				\$3,405.00		\$3,405.00	-\$3,405.00	
Utilities				\$1,519.17		\$1,519.17	-\$1,519.17	
Internet				\$399.87		\$399.87	-\$399.87	
Transportation/Insurance				\$215.00		\$215.00	-\$215.00	
WOW Women of Worth				\$610.72		\$610.72	-\$610.72	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
Grand Total	\$0.00	\$0.00	\$0.00	\$29,274.76	\$0.00	\$29,274.76	-\$29,274.76	

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

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.

Sheila Mooney
 Signature 
 Printed Name

Grants Administrator
 Title
 3/30/2024
 Date