

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	HopeHealth, Inc.		
Address	600 E. Palmetto Street		
City/State/Zip	Florence, SC 29506		
Website	www.hope-health.org		
Tax ID#	57-0984427		
Entity Type	Nonprofit Organization		

Organization Contact Information		
Name	Kathryn Lambert	
Position/Title	Grant Administrator	
Telephone	479-802-9174	
Email	klambert@hope-health.org	

Reporting Period			
Reporting Period	Quarter 2: October 1, 2023 - December 30, 2023		

Accounting of how the funds have been spent:							
Description		Expenditures					
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Interior Finishes	\$275,000.00	\$32,257.00	\$63,519.00			\$95,776.00	\$179,224.00
HVAC	\$225,000.00	\$107,174.00	\$117,826.00			\$225,000.00	\$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	\$500,000.00	\$139,431.00	\$181,345.00	\$0.00	\$0.00	\$320,776.00	\$179,224.00

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.

Mark E Vinson (Jan 16, 2024 16:08 EST)	Chief Financial Office
Signature Mark E VInson	Title 16/01/2024
Printed Name	Date