



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
	J020 - Department of Health and Human Services
	Purpose

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 3: January 1, 2024 - March 31, 2024

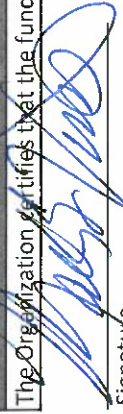
Description (Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Expenditures				Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
Interior Finishes	\$275,000.00	\$32,257.00	\$63,519.00	\$140,702.00		\$236,478.00	\$38,522.00
HVAC	\$225,000.00	\$107,174.00	\$117,826.00	\$0.00		\$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
Grand Total	\$500,000.00	\$139,431.00	\$181,345.00	\$140,702.00	\$0.00	\$461,478.00	\$38,522.00

Accounting of how the funds have been spent:

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

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.

Expenditure Certification

Signature 
 Title CFO
 Date 4/11/2024
 Printed Name Mark E. Vinson