



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
\$200,000.00	J020 - Department of Health and Human Services	Sickle Cell Disease Patient Services

Organization Information

Entity Name	James R. Clark Memorial Sickle Cell Foundation
Address	1420 Gregg Street
City/State/Zip	Columbia, SC 29201
Website	jamesclarksicklecell.org
Tax ID#	57-0858930
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Dr. Melodie Hunnicutt
Position/Title	Executive Director
Telephone	803-765-9916
Email	sicklecell@sc.rr.com

Reporting Period

Reporting Period: Quarter 1: July 1, 2023 - September 30, 2023

Accounting of how the funds have been spent:

Description (Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Expenditures				Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
Awaiting funds						\$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	\$0.00
						\$0.00	\$0.00
Grand Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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.

Signature:

Printed Name: Dr. Melodie Hunnicutt

Executive Director

Title

2/2/2024

Date



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Contribution Information	
Amount	Purpose
\$200,000.00	Sickle Cell Disease Patient Services

Organization Information	
Entity Name	James R. Clark Memorial Sickle Cell Foundation
Address	1420 Gregg Street
City/State/Zip	Columbia, SC 29201
Website	jamesclarksicklecell.org
Tax ID#	57-0858930
Entity Type	Nonprofit Organization

Organization Contact Information	
Name	Dr. Melodie Hunnicutt
Position/Title	Executive Director
Telephone	803-765-9916
Email	sicklecell@sc.rr.com

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

Description (Attach additional detail for subgrantees and affiliated nonprofits)	Accounting of how the funds have been spent:					Total	Balance
	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4		
Awaiting funds						\$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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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.

 Executive Director
 Signature _____ Title _____
 Dr. Melodie Hunnicutt 2/2/2024
 Printed Name _____ Date _____