



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: J020 - Department of Health and Human Services

Purpose:

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

Organization Contact Information

Name: Rhonda Young
Position/Title: Executive Director
Telephone: (864) 582-9420
Email: ryoung@ldbarksdaleasc.org

Reporting Period

Reporting Period: Quarter 3: January 1, 2024 - March 31, 2024

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		\$6,146.25	\$4,102.43		\$10,248.68	\$9,751.32
Camp Crescent	\$10,000.00		\$0.00	\$0.00		\$0.00	\$10,000.00
Support Groups and Events	\$15,000.00		\$4,452.20	\$6,036.98		\$10,489.18	\$4,510.82
Community Outreach and Engagement	\$45,000.00		\$3,337.45	\$5,423.55		\$8,761.00	\$36,239.00
Educational Awareness and Materials	\$10,000.00		\$3,884.65	\$2,028.47		\$5,913.12	\$4,086.88
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$100,000.00	\$0.00	\$17,820.55	\$17,591.43	\$0.00	\$35,411.98	\$64,588.02

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: Rhonda Young
Printed Name: Rhonda Young

Title: Executive Director
Date: 3-28-2024