



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, 2025.

Contribution Information		
Amount	State Agency Providing the Contribution	Purpose
\$300,000.00	JO20 - Department of Health and Human Services	

Organization Information	
Entity Name	Nola Network
Address	PO Box 1461
City/State/Zip	Seneca, SC 29678
Website	<a href="http://www.thenolanetwork.org">www.thenolanetwork.org</a>
Tax ID#	84-4278406
Entity Type	Nonprofit Organization

Organization Contact Information	
Name	Lekesha Benson
Position/Title	Executive Director
Telephone	864-324-2605
Email	<a href="mailto:lekesh@thenolanetwork.org">lekesh@thenolanetwork.org</a>

Reporting Period	
Reporting Period	Quarter 3: January 1, 2025 - March 31, 2025

Accounting of how the funds have been spent:						
Description	Budget	Expenditures				Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
(Attach additional detail for subgrantees and affiliated nonprofits)						
Indirect & admin costs	\$300,000.00	\$0.00	\$0.00	\$4,250.00		\$295,750.00
start up & implementation costs (direct services)			0.00	\$42,778.36		-\$42,778.36
equipment			\$0.00	\$10,817.31		-\$10,817.31
supplies			\$0.00	\$5,926.00		-\$5,926.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
Grand Total	\$300,000.00	\$0.00	\$0.00	\$63,771.67	\$0.00	\$236,228.33

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.

## Expenditure Certification

Signature: Charles S. Benson  
Printed Name: Charles S. Benson

Signature Director \_\_\_\_\_  
Title \_\_\_\_\_  
Date 3/31/2025 \_\_\_\_\_