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	Prisma Health Midlands Foundation
Address	1600 Marion St
City/State/Zip	Columbia, SC 29201
Website	https://prismahealthmidlandsfoundation.org/
Tax ID#	57-0725699
Entity Type	Nonprofit Organization

Organization Contact Information	
Name	Anna Saunders
Position/Title	Director of Development
Telephone	803-434-2830/ 803-414-9240 (mobile)
Email	Anna.Saunders@prismahealth.org

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					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
Rental facility for CAMP KEMO	$100,000.00	$40,875.00				$40,875.00	$59,125.00
						$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	**$100,000.00**	**$40,875.00**	**$0.00**	**$0.00**	**$0.00**	**$40,875.00**	**$59,125.00**

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.

Anna Saunders

Signature

Anna Saunders

Printed Name

Director of Development

Title

1/10/2023

Date