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	ALPHA Behavioral Health Center to construct new facility in Chesterfield County.

Organization Information

Entity Name	ALPHA Behavioral Health Center
Address	208 King Street
City/State/Zip	Camden, SC 29020
Website	www.alphabehavioralhealthcenter.org
Tax ID#	57-0871170
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Mara H. Jones
Position/Title	Executive Director
Telephone	803-432-6902
Email	mjones@alphacentersc.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 Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
	$750,000.00	$0.00				$0.00	$750,000.00
						$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	$0.00
						$0.00	$0.00
Grand Total	$750,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	$750,000.00

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

Funds not received during the first Quarter reporting period.

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: *Mara H Jones*

Printed Name: MARA H. JONES

Title: Executive Director

Date: 12/8/2023