

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				
\$250,000.00 J020 - Department of Health and Human Services		Construction of new ALPHA Behavioral Health Center in Chesterfield County.	COLCUM EST, POLUMENTANDO SPECIE DE			

Organization Information					
Entity Name	ALPHA Behavioral Health Center				
Address	208 King Streeet				
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				

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Reporting Period	Quarter 4: April 1, 2024 - June 30, 2024						

Accounti	ng of how the f	unds have bee	n spent:				
Description		Expenditures					
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Initial Award	\$250,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$250,000.00
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						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$250,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$250,000.00

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

Funding from prior proviso are being utilized before this award.

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.

Printed Name

Date