

## State of Sout

## State of South Carolina Contribution Expenditure Report

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 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

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Purpose		State Agency Providing the Contribution	Amount
A STATE OF THE PERSON NAMED IN	Contribution Information		

	Organization Information
Entity Name	Brain Injury Association of SC
Address	140-A Amicks Ferry Road, Suite 331
City/State/Zip	Chapin, SC 29036
Website	www.biaofsc.com
Tax ID#	57-1068415
Entity Type	Nonprofit Organization

Name	Joyce Davis
Position/Title	Executive Director
Telephone	803.731.9823
Email	Joyce.davis@biaofsc.com

Repo
Reporting Period Quarter 1: July

Description				Expenditures			
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Personnel (salary + benefits)	\$209,933.00	\$0.00				\$0.00	\$209,933.00
Programs (current + new)	\$131,680.00	\$0.00				\$0.00	\$131,680.00
Infrastructure Expenses (rent. phone, internet, equipment, supplies, insurance)	\$46,100.00	\$0.00				\$0.00	\$46,100.00
						\$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 \$387,713,00	\$387,713.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$387,713.00

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

Funding not yet received.

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 Signature

Joyce Davis

Printed Name

Date

Title 12.6.23 Executive Director