

## 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					
\$300,000.00	J020 - Department of Health and Human Services	help fund the purchase of a building to house a free medical clinic, funds also for equipment and supplies					

Organization Information					
Entity Name	Bluffton Jasper Volunteers in Medicine				
Address	29 Plantation Park Dr. Bldg. 600				
City/State/Zip	Bluffton, SC 29910				
Website	www.bjvim.org				
Tax ID#	32-0298086				
Entity Type	Nonprofit Organization				

Organization Contact Information					
Name	Pam Toney				
Position/Title	Executive Director				
Telephone	843 706 7090 ex 104				
Email	ptoneybjvim@gmail.com				

Reporting Period					
Reporting Period	Quarter 1: July 1, 2023 - September 30, 2023				

Accounting of how the funds have been spent:									
Description	Budget	Expenditures							
(Attach additional detail for subgrantees and affiliated nonprofits)		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance		
funds were not received in the first quarter	\$300,000.00					\$0.00	\$300,000.00		
						\$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	\$300,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$300,000.00		

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.

Signature
Pamela S. Toney
Printed Name

Executive Director
Title
12/21/2023

Date