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, 2025.

Contribution Information						
Amount	State Agency Providing the Contribution	Purpose				
\$300,000.00	J060 - Department of Public Health	free medical clinic needs				

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				

Reporting Period						
Reporting Period	Quarter 4: April 1, 2025 - June 30, 2025					

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

Account	ing of how the	funds have bee	in spent:				
Description		Expenditures					
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
clinic remodeling	\$95,000.00	\$0.00	\$0.00	\$83,417.00	\$11,583.00	\$95,000.00	\$0.00
Pharmacy Computers	\$15,000.00	\$0.00	\$0.00	\$4,350.00	\$10,650.00	\$15,000.00	\$0.00
Bluffton Clininc	\$60,000.00	\$0.00	\$0.00	\$10,000.00	\$50,000.00	\$60,000.00	\$0.00
Ridgeland Clinic Mortgage	\$130,000.00	\$0.00	\$0.00	\$0.00	\$130,000.00	\$130,000.00	\$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	\$97,767.00	\$202,233.00	\$300,000.00	\$0.00

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

6/30/2025

Date