



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 | Revitalize architectural landmark building in order to provide value-based community services. |

Organization Information

| | |
|----------------|------------------------|
| Entity Name | HopeHealth, Inc. |
| Address | 600 E. Palmetto Street |
| City/State/Zip | Florence, SC 29506 |
| Website | www.hope-health.org |
| Tax ID# | 57-0984427 |
| Entity Type | Nonprofit Organization |

Organization Contact Information

| | |
|----------------|--------------------------|
| Name | Kathryn Lambert |
| Position/Title | Grant Administrator |
| Telephone | 479-802-9174 |
| Email | klambert@hope-health.org |

Reporting Period

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


Accounting of how the funds have been spent:


| Description (Attach additional detail for subgrantees and affiliated nonprofits) | Budget | Expenditures | | | | | Balance |
|---|--------------|--------------|--------------|--------------|-------------|--------------|---------|
| | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total | |
| Interior Finishes | \$275,000.00 | \$32,257.00 | \$63,519.00 | \$140,702.00 | \$38,522.00 | \$275,000.00 | \$0.00 |
| HVAC | \$225,000.00 | \$107,174.00 | \$117,826.00 | \$0.00 | \$0.00 | \$225,000.00 | \$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 |
| Grand Total | \$500,000.00 | \$139,431.00 | \$181,345.00 | \$140,702.00 | \$38,522.00 | \$500,000.00 | \$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
Heather H. Flowers
Printed Name


Title
7/12/2024
Date