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
$250,000.00	J020 - Department of Health and Human Services	To provide services to the sickle cell patient population in South Carolina, including nurse and CHW case

Organization Information	
Entity Name	James R. Clark Memorial Sickle Cell Foundation
Address	1420 Gregg Street
City/State/Zip	Columbia, SC 29201
Website	jamesrclarksicklecell.org
Tax ID#	57-0858930
Entity Type	Nonprofit Organization

Organization Contact Information	
Name	Dr. Melodie Hunnicutt
Position/Title	Executive Director
Telephone	(803) 765-9916 (Office); (803) 381-5108 (Cell)
Email	sicklecell@sc.rr.com

Reporting Period	
Reporting Period	Quarter 2: October 1, 2024 - December 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	
Nurse Case Management	$105,000.00	$0.00	$0.00	$105,000.00	$0.00	$105,000.00	$0.00
CHW Case Management and Health Educator Services	$56,000.00	$0.00	$0.00	$56,000.00	$0.00	$56,000.00	$0.00
Patient Education	$10,000.00	$0.00	$0.00	$8,013.00	$1,987.00	$10,000.00	$0.00
Emergency Patient Assistance	$25,000.00	$0.00	$0.00	$25,000.00		$25,000.00	$0.00
Travel	$6,000.00	$0.00	$0.00	$6,000.00		$6,000.00	$0.00
Information Technology	$7,000.00	$0.00	$0.00	$1,945.00	$5,055.00	$7,000.00	$0.00
Patient Support Groups and Events	$10,000.00	$0.00	$0.00	$10,000.00		$10,000.00	$0.00
Advocacy	$25,000.00	$0.00	$0.00	$23,200.00	$1,800.00	$25,000.00	$0.00
Rent (Florence and Sumter Offices)	$6,000.00	$0.00	$0.00	$4,950.00	$1,050.00	$6,000.00	$0.00
Grand Total	**$250,000.00**	**$0.00**	**$0.00**	**$240,108.00**	**$9,892.00**	**$250,000.00**	**$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

Dr. Melodie Hunnicutt
Printed Name

Executive Director
Title

6/30/2025
Date