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State of South Carolina Contribution Expenditure Report

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 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

	J020 - Department of Health and Human Services	
Purpose	State Agency Providing the Contribution	nount
Contribution Information		
den de	June 30, 2024.	

	Organization Information
	KershawHealth d/b/a Health Services District of
Entity Name	Kershaw County
Address	PO Box 1558
City/State/Zip	Camden, SC 29021
Website	www.healthdistrictkc.org
Tax ID#	57-6005963
Entity Type	Nonprofit Organization

Name Sallie Harrell Position/Title Executive Director Telephone 803-310-9365
Sall tle Exe 803
Name Sallie Harrell Position/Title Executive Director
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Organization Contact Information

orting Period	
Reporting Period Quarter 2: October 1, 2023 - December 30, 2023	Reporting Period

\$0.00 \$1,000,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Grand Total \$1,000,000.00	Grand Total
\$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						
\$0.00 \$1,000,000.00	\$0.00			\$0.00**	\$0.00*	\$1,000,000.00	Creation and construction of wellness, athletic and health facilities both in \$1,000,000.00 \$0.00*
Balance	Total	Quarter 4	Quarter 3	Quarter 2	Quarter 1	Budget	(Attach additional detail for subgrantees and affiliated nonprofits)
			Expenditures				Description
				een spent:	Accounting of how the funds have been spent:	ng of how the	Accounti

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

*As of 12/11/23 (When Q1 report was filed) no funding had been received **Funding was forwarded on 1//24 and no funding has been spent to date

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
Sarah C. Harrell
Printed Name

Title
1/30/2024
Date Executive Director