

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 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 of the appropriations act and of the appropriations act and of the appropriations are appropriately and appropriation at the appropriations act and appropriation are appropriately appropriately and appropriation act and appropriation are appropriately and appropriation act and appropriation are appropriately and appropriation act and appropriately appropriate rter and by

	J020 - Department of Health and Human Services	
Purpose	State Agency Providing the Contribution	Amount
Contribution Information		
June 30, 2024.	June 30, 2024.	(XX
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Entity Name KershawHealth d/b/a Health Services District of Kershaw County Address PO Box 1558 City/State/Zip Camden, SC 29021 Website www.healthdistrictkc.org Tax ID# 57-6005963 Entity Type Nonprofit Organization		Organization Information
Zip		KershawHealth d/b/a Health Services District of
Zip	Entity Name	Kershaw County
Zip	Address	PO Box 1558
	City/State/Zip	Camden, SC 29021
	Website	www.healthdistrictkc.org
	Tax ID#	57-6005963
	Entity Type	Nonprofit Organization

Organii	Organization Contact Information
Name Sallie Harrell	
Position/Title Executive Director	irector
Telephone 803-310-9365	65
Email sharrell@h	sharrell@healthdistrictkc.org

Reporting Period

Reporting Period | Quarter 3: January 1, 2024 - March 31, 2024

\$0.00 \$1,000,000.00	\$0.00 \$	\$0.00	\$0.00	\$0.00	\$0.00	Grand Total \$1,000,000.00	Grand Total (
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\$0.00	\$0.00						
\$0.00 \$1,000,000.00	\$0.00		\$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:	ig of now the	AGGOUNTI

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 1/10/24 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 Harrell
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Printed Name