

State of South Carolina Contribution Expenditure Report

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. 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

	Organization Information
Entity Name	Louvenia D. Barksdale Sickle Cell Anemia Foundation
Address	Post Office Box 191
City/State/Zip	Spartanburg, South Carolina 29304
Website	www.ldbarksdalesc.org
Tax ID#	57-0681682
Entity Type	Nonprofit Organization

	Organization Contact Information
Name	Rhonda Young
Position/Title	osition/Title Executive Director
Telephone	(864) 582-9420
Email	ryoung@ldbarksdalesc.org

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

Description				Expenditures			
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Emergency Patient Assistance	\$20,000.00		\$6,146.25			\$6,146.25	\$13,853.75
Camp Crescent	\$10,000.00		\$0.00			\$0.00	\$10,000.00
Support Groups and Events	\$15,000.00		\$4,452.20			\$4,452.20	\$10,547.80
Community Outreach and Engagement	\$45,000.00		\$3,337.45			\$3,337.45	\$41,662.55
Educational Awareness and Materials	\$10,000.00		\$3,884.65			\$3,884.65	\$6,115.35
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	Grand Total \$100,000.00	\$0.00	\$17,820.55	\$0.00	\$0.00	\$17,820.55	\$82,179.45

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.

Title 12-28-2023

Date

Printed Name