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
$175,000.00	J020 - Department of Health and Human Services	Empowering people living with mental illness to regrain meaning, purpose, and hope for their lives.

Organization Information	
Entity Name	Our Place of Hope
Address	600 Holland Avenue
City/State/Zip	Cayce, SC 29033
Website	www.ourplaceofhope.org
Tax ID#	84-1829518
Entity Type	Nonprofit Organization

Organization Contact Information	
Name	Jeff Becraft
Position/Title	Director
Telephone	803-665-5640
Email	jeff@ourplaceofhope.org

Reporting Period	
Reporting Period	Quarter 1: July 1, 2024 - September 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	
Funds have not been received yet.						$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	$0.00
						$0.00	$0.00
Grand Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$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

Jeff Becraft
Printed Name

Director
Title

11/4/2024
Date