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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 or 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 by June 30, 2024.

	JU20 - Department of Health and Human Services	
Purpose		
	State Agency Providing the Contribution	21117
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	Organization Information
Entity Name	Wiley Kennedy Foundation
Address	1029 Eastman Street
City/State/Zip	Columbia , SC 29203
Website	www.wileykennedy-foundation.org
Tax ID#	31-1653892
Entity Type	Nonprofit Organization

Reporting Period

Reporting Period

	Organization Contact Information
Name	Gwendolyn Singletary
Position/Title	Position/Title Executive Director
Telephone	803 704-4149
Email	gsingletary@wileykennedy-foundation.org

Grand Total	Owndra			Administration/Overhead	operation of	Speakers	Irave		Adv Elements Design Printing Padia Social Madia Re-	Seminar and Workshop Supplies		Space Rental	Stall	1	(Attach additional detail for subgrantoes and affiliated answer for the	Description
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\$0.00														Quarter 2		
\$0.00													7	Ouarter 3	Expenditures	
\$0.00													Zunitci 7	Oliarter A		
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\$10,500.00 \$139,500.00	\$0.00	\$0.00	\$9,000.00	\$18,000.00	Τ	\$10,000,00	\$25,000.00	Т	\$20,000,00	OU.UUU.UU	T	\$47,500.00	balance	7		

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.

Executive Viras

Printed Name ンス大

Signature

Title Date



810 Juniper Street Columbia, South Carolina 29203 (757) 621- 5315

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INVOICE

Wiley Kennedy Foundation

1029 Eastman Street

Columbia Sc 29203

Invoice Date: September 30, 2023

Job Number: SOS WKF - 2023-24

Product: Health Initiatives

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Services: > Plan Development. Planning and Oversight > July 2023- September 2023		
			\$7,500.00
		SUBTOTAL	
		TOTAL	\$7,500.00



Date of Invoice: September 30, 2023

To: South Carolina Department of Health and Human Services

From: Wiley Kennedy Foundation – Tax ID – 31-1653892

For: Administration/Overhead – Thriving Community Grant

Contract Number: A202415512A

Period: First quarter – July 1, 2023 – September 30, 2023

3-month assessment \$3,000.00