

Amount

## State of South Carolina Contribution Expenditure Report

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, 2023. 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 of 2022 and Executive

State Agency Providing the Contribution **Contribution Information** 

Purpose

	Organization Information
Entity Name	No One Left Alone
Address	11324 Ballantyne Crossin Ave
City/State/Zip	Charlotte, NC 28277
Website	www.nooneleftalone.org
Tax ID#	87-2719679
Entity Type	Nonprofit Organization

	Organization Contact Information
Name	Niyati A. Nathwani, MD
Position/Title	President
Telephone	803-286-9696 / 803-329-7772
Email	nanathwani@cbcca.net

Quarter 4: April 1, 2023 - June 30, 2023	Reporting Period
Reporting Period	

\$0.00	\$250,000.00	\$62,500.00	\$62,500.00	\$62,500.00	\$62,500.00	\$250,000.00	Grand Total
\$0.00	\$0.00						
\$0.00	\$0.00						
\$0.00	\$0.00						
\$0.00	\$0.00						
\$0.00	\$100,000.00	\$25,000.00	\$25,000.00	\$25,000.00	\$25,000.00	\$100,000.00	Social determinants of health and identification of insurance status
\$0.00	\$50,000.00	\$12,500.00	\$12,500.00	\$12,500.00	\$12,500.00	\$50,000.00	Hereditary or germline cancer testing
\$0.00	\$10,000.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$10,000.00	Access to comprehensive genomic profiling
\$0.00	\$60,000.00	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00	\$60,000.00	Access to cancer treatment
\$0.00	\$30,000.00	\$7,500.00	\$7,500.00	\$7,500.00	\$7,500.00	\$30,000.00	Cancer screening
Balance	Total	Quarter 4	Quarter 3	Quarter 2	Quarter 1	Budget	Description
			Expenditures				
				n spent:	Accounting of how the funds have been spent:	ng of how the	Account

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.

Nmahma

Signature  $N^{|YAT|}$ 

A-NATHWAY,

6/29/2023

Prendent, noca

Printed Name



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	Amount .		
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To address cancer health disparities	Purpose	Contribution Information	was is providing the continuation to the designation organization at the end of year quarter and by June 30, 2023,

	Organization Information
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Name	Niyati A. Nathwani, MD
Position/Title	President
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Email	nanathwani@cbcca.net

Reporting Period	
Q1 2023	Reporting Period
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1187 500 00	\$0.00 \$60 \$00 00 \$187 \$00 00	\$0.00	\$0.00	\$0.00	\$62,500,00	\$250,000.00	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
\$0.00	\$0.00						
\$0.00	\$0.00						
\$0.00	\$0.00						
\$75,000.00	\$25,000.00 \$75,000.00				\$25,000.00	\$100,000.00 \$25,000.00	Social determinants of health and identification of insurance status
\$37,500.00	\$12,500.00				\$12,500.00	\$50,000.00 \$12,500.00	Tieledialy of gentime carrier resulty
\$7,500.00	\$2,500.00				\$2,500.00	\$10,000.00	Access to comprehensive genomic profiling
\$45,000.00	\$15,000.00				\$15,000.00	\$60,000.00 \$15,000.00	Access to cancer treatment
\$22,500.00	\$7,500.00				\$7,500.00	\$50,000.00	Appear of collecting
Balance	Total	Quarter 4	Quarter 3	Quarter 2	. Quarter 1		Service Control of the Control of th
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				en spent:	Accounting of how the funds have been spent:	ing or how the	

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

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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.

NA atman

Title President, NOLA

4/14/2023

Signature Niyati A. Nathwani

**Printed Name** 

Date