State of South Carolina Contribution Expenditure Report



PIN: **1810540**

Contract and Reporting Period

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Louvenia D. Barksdale Sickle Cell Anemia Foundation Inc.			EMK686		
Entity Name		Contract Number		ber	
	(Quarter 1	•		
	F	Reporting Period			
ontribution Information					
\$100,000.00	SC Department o	f Public Health		Project Hope	
rganization Contact Infor	mation				
	E	cutive Director	(864) 804-3411	ryoung@ldbarkso	alesc.org
Rhonda Young	EXE				
Rhonda Young Contact Name		ition/Title	Telephone	Email	
· · ·	Pos	ition/Title			
Contact Name	Pos	ition/Title			Expenditures
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Contact Name ccounting of how the func- mergency Patient Assistance support Group Meetings ducational Awareness and Marke	Pos ds have been sper Description	ition/Title			Expenditures \$2,341.10 \$530.44 \$3,832.10

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.

Reason for Rejection: (Entity will recieve this in email response.)

Rhonda Young 12/12/2024, 3:34:50 PM

Organization Signature