State of South Carolina Contribution Expenditure Report



PIN: **7167050**

Contract and Reporting Period

HCARO

Pregnancy Center	and Clinic of the Low (Country	EMK239				
Entity Name		Contract Number					
	Qua	arter 4	•				
Reporting Period							
Contribution Information							
\$50,000.00				medical care to uninsur esiding in Beaufort and			
Organization Contact Information							
Ellen Sullivan	Executive Director		(843) 689-2222	ellen.sullivan@pregnancycenterhhi.org			
Contact Name	Positio	Position/Title T		Email			
Accounting of how the funds have been spent:							
Description						Expenditures	
Funds were used to help cover the cost of professional staff (RN's, APRN/CNM, Interpreters) \$12,500.00						\$12,500.00	
\$12,500.00 \$12,500	0.00 \$12,500.00	\$12,500.00) \$0	.00	Grand Total:	\$12,500.00	
Quarter 1 Quarter 2	2 Quarter 3	Quarter 4	Remaining Balar	nce	_		
Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year):							

All funds have been expended.

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.)	Ellen Sullivan 10/4/2024, 8:37:08 PM			
	Organization Signature			