



# 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 of 2022 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, 2023.

## Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$200,000.00	L080 - Department of Children's Advocacy	Forensic Medical Services for Child Abuse Victims

## Organization Information

Entity Name	Dickerson Children's Advocacy Center
Address	140 Gibson Road
City/State/Zip	Lexington, SC 29072
Website	www.dickersoncac.org
Tax ID#	57-1011251
Entity Type	Nonprofit Organization

## Organization Contact Information

Name	Linda Dickerson
Position/Title	Board Chair
Telephone	803-413-3607
Email	winniedog55@gmail.com

## Reporting Period

Reporting Period	
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## Accounting of how the funds have been spent:

Description	Budget	Expenditures					Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4			
Year 1, Q 1-4: July 1, 2022-June 30, 2023	\$200,000.00	\$0.00	\$0.00	\$700.00	\$0.00	\$700.00	\$199,300.00	
Year 2, Q 1-Adjustment-Salary NP 20% (\$5000); CMA (DOH 8/16) \$2994.80		\$7,994.80				\$7,994.80	-\$7,994.80	
Year 2, Q2: Salary-Nurse Practitioner 20% (\$5000); CMA 100% (\$6250.02)			\$11,250.02			\$11,250.02	-\$11,250.02	
Year 2, Q3: 20% Salary/Fringe-Jan 1-5, last work week of NP				\$642.60		\$642.60	-\$642.60	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
<b>Grand Total</b>	<b>\$200,000.00</b>	<b>\$7,994.80</b>	<b>\$11,250.02</b>	<b>\$1,342.60</b>	<b>\$0.00</b>	<b>\$20,587.42</b>	<b>\$179,412.58</b>	

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

Flavia Gibson

Printed Name

Executive Director

Title

15-Apr-24

Date