

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 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, 2025.

| 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 | The second section of the second section of the second sections of the second section sections of the second section sections of the section section sections of the section section section sections of the section section section sections of the section s | | | |

| 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 | Flavia West | | | |
| Position/Title | Executive Director | | | |
| Telephone | 803.394.7312 | | | |
| Email | fgibson@dickersoncac.org | | | |

| Reporting Period | | | | | | |
|------------------|--|--|--|--|--|--|
| Reporting Period | Quarter 1: July 1, 2024 - September 30, 2024 | | | | | |

| Accounting of how the funds have been spent: | | | | | | | | |
|--|--------------|--------------|--------------|-----------|-----------|-----------|-------------|--------------|
| Description | | Previous Yr | Expenditures | | | | | |
| (Attach additional detail for subgrantees and affiliated nonprofits) | Budget | Expenditures | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total | Balance |
| Dickerson CAC will provide forensic Medical Services for child abuse victims | \$200,000.00 | \$20,587.42 | | | | | \$20,587.42 | \$179,412.58 |
| Construction to connect offices of medical team (NP & CMA) | | | \$5,795.00 | | | | \$5,795.00 | -\$5,795.00 |
| | | | | | | | \$0.00 | \$0.00 |
| | | | | | | | \$0.00 | \$0.00 |
| | | | | | | | \$0.00 | \$0.00 |
| | | | | | | | \$0.00 | \$0.00 |
| | | | | | | | \$0.00 | \$0.00 |
| | | | | | | | \$0.00 | \$0.00 |
| | | | | | | | \$0.00 | \$0.00 |
| Grand Total | \$200,000.00 | \$20,587.42 | \$5,795.00 | \$0.00 | \$0.00 | \$0.00 | \$26,382.42 | \$173,617.58 |

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

| | | | THE RESIDENCE |
|-------|--------|-------|---------------|
| Evnen | diture | Certi | ication |

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 West

Printed Name

Date

Executive Director