



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

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 2: October 1, 2024 - December 30, 2024
------------------	--

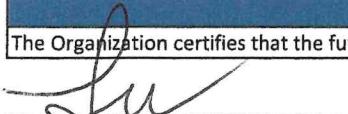
Accounting of how the funds have been spent:

Description (Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Previous Yr Expenditures	Expenditures					Balance
			Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
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
Personnel (salary/fringe): Medical Provider \$28,750.02 and CMA \$3,643.68				\$32,393.70			\$32,393.70	-\$32,393.70
							\$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	\$32,393.70	\$0.00	\$0.00	\$58,776.12	\$141,223.88

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 West
Printed Name

Executive Director
Title
14-Jan-25
Date