



### 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, 2024.

#### Contribution Information

Amount	State Agency Providing the Contribution	Purpose

#### Organization Information

Entity Name	My Sister's House
Address	PO Box 71171
City/State/Zip	N. Charleston, SC 29415
Website	www.mysistershouse.org
Tax ID#	57-0730861
Entity Type	Nonprofit Organization

#### Organization Contact Information

Name	Tosha Connors
Position/Title	CEO
Telephone	843-754-7185
Email	tosha@mysistershouse.com

#### Reporting Period

Reporting Period	Quarter 3: January 1, 2024 - March 31, 2024
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#### Accounting of how the funds have been spent:


Description <i>(Attach additional detail for subgrantees and affiliated nonprofits)</i>	Budget	Expenditures					Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
Emergency Shelter Services for Domestic Violence Victims	\$100,000.00		\$38,133.14	\$25,000.00		\$63,133.14	\$36,866.86
						\$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
<b>Grand Total</b>	<b>\$100,000.00</b>	<b>\$0.00</b>	<b>\$38,133.14</b>	<b>\$25,000.00</b>	<b>\$0.00</b>	<b>\$63,133.14</b>	<b>\$36,866.86</b>

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

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#### 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  
 Tosha Connors  
 \_\_\_\_\_  
 Printed Name

CEO  
 \_\_\_\_\_  
 Title  
 6/26/24  
 \_\_\_\_\_  
 Date