

## State of. South Carolina Contribution **Expenditure Report**

This form is designed to collect the quarterly and annual expe 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 nditure reports required by South Carolina in accordance with Proviso 117.21 of the appropriations act and Executive 30, 2025.

**Contribution Information** 

Purpose

Amount	State Agency Providing the Contribution	
	Organization Information	
Entity Name	JENKINS YOUTH AND FAMILY VILLAGE	Name
Address	3923 AZALEA DRIVE	Position/Title
City/State/Zip	NORTH CHARLESTON, SC 29405	Telephone
Website	www.jenkinsoas.org	Email
Tax ID#	57-6025599	

Reporting Period

**Entity Type** 

Nonprofit Organization

Reporting Period

	Organization Contact Information
Name	Tammy J. McCottry
Position/Title	Executive Director
Telephone	843-460-0400
Email	Tammy.McCottry@Jenkinsoas.org

Accountin	Accounting of how the funds have been spent:	unds have been	n spent:				
Description				Expenditures			
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Staffing	\$35,500.00	\$30,000.00	\$2,750.00	\$2,750.00	\$0.00	\$35,500.00	\$0.00
Program Expenses, materials and supplies	\$40,500.00	\$35,000.00	\$2,500.00	\$2,500.00	\$500.00	\$40,500.00	\$0.00
Food	\$10,000.00	\$10,000.00	\$0.00	\$0.00	\$0.00	\$10,000.00	\$0.00
Facilities	\$8,000.00	\$8,000.00	\$0.00	\$0.00	\$0.00	\$8,000.00	\$0.00
Marketing and promotions	\$2,000.00	\$1,000.00	\$500.00	\$500.00	\$0.00	\$2,000.00	\$0.00
Transportation	\$2,000.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00	\$0.00
Office Supplies	\$1,000.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$0.00
Medical and safety	\$1,000.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$100,000.00	\$88,000.00	\$5,750.00	\$5,750.00	\$500.00	\$100,000.00	\$0.00

Explanation of any unspent funds (to o 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 pu irpose.

Signatur Printed Name Amma

Date Executive Director