

State of South Carolina Contribution Expenditure Report

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. 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 O

\$250,000.00 102	Amount	
\$250,000.00 J020 - Department of Health and Human Services	State Agency Providing the Contribution	
SENIOR CENTER	Purpose	Contribution Information

	Organization Information
Entity Name	ANTIOCH SENIOR CENTER
Address	5715A KOON ROAD
City/State/Zip	COLUMBI9A, S.C. 29203
Website	www.antiochseniors24.com
Tax ID#	46-4529512
Entity Type	Nonprofit Organization

	Organization Contact Information
Name	BARBARA R. MICKENS
Position/Title	osition/Title EXCUTIVE DIRECTOR
Telephone	803-754-0005
Email	antiochsc@att.net

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

Accounting	Accounting of how the funds have b	funds have be	een spent:				
Description				Expenditures			
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balar
STAFF	\$130,000.00					\$0.00	\$130,0
ACCOUNTING/CONSULTING	\$7,000.00					\$0.00	\$7,0
OFFICE SUPPLIES	\$4,500.00					\$0.00	\$4,5
BLDG. SECURITY	\$2,500.00					\$0.00	\$2,5
GROUNDS, LANDSCAPING, ETC.	\$4,000.00					\$0.00	
INSURANCE/W/C	\$12,000.00					\$0.00	
UTILITIES, WATER & SEWER	\$23,000.00					\$0.00	\$23,0
FOOD FOR SENIORS (MEALS TWICE A DAY)	\$52,000.00					\$0.00	\$52,0
PROGRAM EXPENSES FOR SENIORS (FIELD TRIPS, DANCES, ECT.)	\$15,000.00					\$0.00	\$15,0
Grand Total	Grand Total \$250,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$250,0

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

п		
≤		
5		
Ξ		
크		
F		
5		
5		
Ū		
4		
Ö		
D		

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.

Expenditure Certification

OCT. 01, 2024

Date

Printed Name

BARBARA R. MICKENS