



### 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
	L320 - Housing Finance and Development Authority	

#### Organization Information

Entity Name	St. Francis Center
Address	PO Box 682
City/State/Zip	St. Helena Island, SC, 29920
Website	
Tax ID#	20-171760
Entity Type	

#### Organization Contact Information

Name	Sr. Canice Adams
Position/Title	Co-Director
Telephone	843-838-3924
Email	franctr@islc.net

#### Reporting Period

Reporting Period Quarter 2: October 1, 2024 - December 31, 2024

#### Accounting of how the funds have been spent:

Description <small>(Attach additional detail for subgrantees and affiliated nonprofits)</small>	Budget	Expenditures						Total	Balance
		Prior Year(s)	Quarter 1	Quarter 2	Quarter 3	Quarter 4			
Building materials for emergency home repairs for elderly and disabled	\$100,000.00	\$0.00	\$0.00	\$100,000.00				\$100,000.00	\$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	\$0.00
								\$0.00	\$0.00
								\$0.00	\$0.00
<b>Grand Total</b>	<b>\$100,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$100,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$100,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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.

*Sister M. Canice Adams*  
Signature

Title *Co-Director*

Printed Name  
*Sister M. Canice Adams*

Date *1-15-25*