



### 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	Purpose
\$2,000,000.00	J160 - Department of Disabilities and Special Needs

Organization Information	
Entity Name	Greenwood Genetic Center, Inc
Address	101 Gregor Mendel Circle
City/State/Zip	Greenwood, SC 29646
Website	www.ggc.org
Tax ID#	57-0604070
Entity Type	Nonprofit Organization

Organization Contact Information	
Name	Brandi Buff
Position/Title	CFO
Telephone	864-941-8151
Email	bbuff@ggc.org

Reporting Period	
Reporting Period	Quarter 1: July 1, 2023 - September 30, 2023

Description (Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Expenditures				Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
Greenwood Genetic Center	\$700,000.00					\$0.00	\$700,000.00
MitoSense, Inc (SUBGRANTEE)	\$650,000.00					\$0.00	\$650,000.00
James A Haley VA Hospital (SUBGRANTEE)	\$650,000.00					\$0.00	\$650,000.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
<b>Grand Total</b>	<b>\$2,000,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,000,000.00</b>

Accounting of how the funds have been spent:

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

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

Signature \_\_\_\_\_  
 Title \_\_\_\_\_  
 Printed Name \_\_\_\_\_

\_\_\_\_\_ Title  
 \_\_\_\_\_ Date