



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 of 2023-2024 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
\$500,000.00	J160 - Department of Disabilities and Special Needs	ALS (amyotrophic lateral sclerosis) care services funds

Organization Information

Entity Name	The ALS Association
Address	1300 Wilson Blvd Suite 600
City/State/Zip	Arlington VA 22209
Website	als.org
Tax ID#	13-3271855
Entity Type	Nonprofit Organization

Organization Contact Information

Name	Jennifer Mundy
Position/Title	Managing Director Care Services
Telephone	540-797-0561
Email	Jennifer.Mundy@als.org

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	Budget	Expenditures					Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4			
Quality of Life Grant Program	\$95,000.00	\$0.00	\$19,000.00	\$53,000.00		\$72,000.00	\$23,000.00	
Equipment Loan Programs (durable medical equipment, assistive technology, ramps)	\$350,000.00	\$0.00	\$0.00	\$125,805.50		\$125,805.50	\$224,194.50	
Support Groups	\$5,000.00	\$0.00	\$0.00	\$2,199.00		\$2,199.00	\$2,801.00	
ALS Clinics	\$50,000.00	\$0.00	\$0.00	\$25,000.00		\$25,000.00	\$25,000.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
Grand Total	\$500,000.00	\$0.00	\$19,000.00	\$206,004.50	\$0.00	\$225,004.50	\$274,995.50	

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.

Jennifer Mundy
Signature
Jennifer Mundy
Printed Name

Managing Director, Care Services
Title
3.28.24
Date