

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 2022 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, 2023.

		Contribution Information
Amount	State Agency Providing the Contribution	Purpose
\$667,000.00	NO80 - Department of Probation, Parole, and Pardon Service	To expand Turn90 prison reentry services statewide for the purpose of reducing recidivism

Organization Information					
Entity Name	Turn90				
Address	5640 Rivers Avenue				
City/State/Zip	North Charleston, SC 29406				
Website	www.turnninety.com				
Tax ID#	46-0671501				
Entity Type	Nonprofit Organization				

	Organization Contact Information	
Name	Kim Huey	
Position/Title	Director of Operations	
Telephone	740-704-2502	
Email	Kim@turnninety.com	

Reporting Period				
Reporting Period				

Accounting of how the funds have been spent:							
		Expenditures					
Description	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Salaries and Related Expenses (Including Benefits and Payroll fees)	\$463,406.00	\$118,250.00	\$120,315.41	\$118,250.00	\$118,249.99	\$475,065.40	-\$11,659.40
Electricity, water, waste removal in Charleston and Columbia, SC centers.	\$20,000.00	\$5,440.85	\$5,196.31	\$5,365.06	\$3,997.78	\$20,000.00	\$0.00
Facility expenses in Charleston SC	\$53,200.00	\$19,115.83	\$20,773.34	\$16,535.99	\$18,241.78	\$74,666.94	-\$21,466.94
Facility expenses in Columbia SC	\$56,070.00	\$14,017.80	\$14,017.80	\$14,017.80	\$14,017.80	\$56,071.20	-\$1.20
Fees paid for outsourced work unable to be performed by program staff. Include	\$66,000.00	\$5,962.00	\$7,531.00	\$15,354.62	\$2,236.95	\$31,084.57	\$34,915.43
Travel expenses related to upste expansion and transportation for program par	\$8,324.00	\$4,797.81	\$2,527.84	\$4,793.86	\$2,811.72	\$14,931.23	-\$6,607.23
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$667,000.00	\$167,584.29	\$170,361.70	\$174,317.33	\$159,556.02	\$671,819.34	-\$4,819.34

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.

Signature

Kimberly Huey

Printed Name

Director of Operations

Title

06/28/2024

Date



State of South Carolina Request for Contribution Distribution

This form is designed to collect the information required by South Carolina in accordance with Proviso 117.21 of the appropriations act of 2022 and Executive Order 2022-19. This form must be submitted to the state agency that is providing the contribution for the designated organization. The state agency providing the contribution should use this form to collect information from the designated organization. The information must be collected from the designated organization before the funds can be disbursed.

	Cont	tribution Information
Amount	State Agency Providing the Contribution	Purpose
		and Turn90 prison reentry services statewide for the purpose of reducing recidivism

Organization Information					
Entity Name	Turn90				
Address	3765 Leed Avenue				
City/State/Zip	North Charleston, SC 29045				
Website	www.turnninety.com				
Tax ID#					
Entity Type	Nonprofit Organization				

	Organization Contact Information	
Contact Name	Kim Huey	
Position/Title	Director of Operations	
Telephone	740-704-2502	
Email	Kim@turnninety.com	

Plan/Accounting of how	these funds wi	ill be spent:
Description	Budget	Explanation
Salaries and Related Expenses (Including Benefits and Payroll fees)	\$463,406.00	
Electricity, water, waste removal in Charleston and Columbia, SC centers.	\$20,000.00	
Facility expenses in Charleston SC	\$53,200.00	Provide Reentry services to men at highest risk to reoffend
Facility expenses in Columbia SC	\$56,070.00	
Fees paid for outsourced work unable to be performed by program staff. Includes services	\$66,000.00	
Travel expenses related to upste expansion and transportation for program participants	\$8,324.00	
	4557 000 00	
Grand Total	\$667,000.00	

Please explain how these funds will be used to provide a public benefit:

To reduce recidivism for men who are employed by and participate in the Turn90 Workforce Development program

To provide reentry services to 120 men at the highest risk of rearrest returning home to the lowcountry and midlands of SC for the purposes of reducing recidivism and increasing publc safety.

To grow a new social enterprise with the goal of creating 15 workstations to provide training in logistics and light manufacturing. 🛭

Organizati	on Cert	afications

- 1) Organization hereby gives assurance that no person shall, upon the grounds of race, creed, color, or national origin, be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity for which this organization is responsible.
- 2) Organization certifies that it will provide quarterly spending reports to the Agency Providing Contribution listed above.
- 3) Organization certifies that it will provide an accounting at the end of the fiscal year to the Agency Providing Contribution listed above.
- 4) Organization certifies that it will allow the State Auditor to audit or cause to be audited the contributed funds.

Organization Signature

Director of Operations

Title

Kimberly Huey

06/28/2024

Printed Name

Date

Certifications of State Agency Providing Contribution

- 1) State Agency certifies that the planned expenditure aligns with the Agency's mission and/or the purpose specified in the appropriations act of 2022.
- 2) State Agency certifies that the Organization has set forth a public purpose to be served through receipt of the expenditure.
- 3) State Agency certifies that it will make distributions directly to the organization.
- 4) State Agency certifies that it will provide the quarterly spending reports and accounting received from the organization to the Senate Finance Committee, House Ways and Means Committee, and the Executive Budget Office by June 30, 2023.
- 5) State Agency certifies that it will publish on their website any and all reports, accountings, forms, updates, communications, or other materials required by Proviso 117.21 of the appropriations act of 2022.

6) State Agency will cortify to the Office of the Governor that it has complied with the requirements of Executive Order 2022-19 by June 30, 2023.

Agency Head Signature

Date



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 2022 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, 2023.

	经产品等的 人名英格兰 经国际证明 医阿拉克氏管	Contribution Information	de the end of year quarter and by June 30, 2023.
Amount	State Agency Providing the Contribution		Purpose

AUGUST BOOK	Organization Information	ROA
Entity Name	FRESH START TRANSITIONAL PROJECT	
Address	PO BOX 8734	
City/State/Zip	GREENVILLE, SC 29687	
Website		
Tax ID#	85-0958227	
Entity Type	Nonprofit Organization	

	Organization Contact Information	
Name	GRACIE L. TILMON	
Position/Title	BUSINESS MANAGER	
Telephone	864-230-3080	
Email	FRESHSTART.TILMON@GMAIL.COM	_

Reporting Period					
Reporting Period	Quarter 4: April 1, 2023 - June 30, 2023				

Decortoston		Expenditures					
Description Ruilding Repoyations that will provide 20 by 1 feetings	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Building Renovations that will provide 30 beds for clients Intake House Lease	\$110,000.00	\$48,000.00	\$34,369.00	\$19,110.00	\$8,521.00	\$110,000.00	\$0.00
	\$36,000.00	\$9,000.00	\$9,000.00	\$9,000.00	\$9,000.00	\$36,000.00	\$0.00
Inake Office/Learning Center	\$30,000.00	\$7,500.00	\$7,500.00	\$7,500.00	\$7,500.00	\$30,000.00	\$0.00
Professional Services	\$12,000.00	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00	\$12,000.00	
Furniture/Supplies for New Facility	\$25,562.00			70,000.00	\$3,000.00		\$0.00
Operations/Program Services	\$36,438.00	\$9,115.00	\$8,264.00	\$8,559.00	\$10,500.00	\$0.00	\$25,562.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Control	4					\$0.00	\$0.00
Grand Total	\$250,000.00	\$76,615.00	\$62,133.00	\$47,169.00	\$38,521.00	\$224,438.00	\$25,562.00

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

BUILDING RENVOVATIONS HAVE NOT BEEN COMPLETED. FUNDS FOR FURNITURE/SUPPLIES WAS NOT SPENT. FOURTH QUARTER REPORTING

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.



Professional Services

Furniture/Supplies for New Facility

Operations/Program Services

State of South Carolina Request for Contribution Distribution

This form is designed to collect the information required by South Carolina in accordanc 2022-19. This form must be submitted to the state agency that is providing the contribution should use this form to collect information from the designated organizatic before the funds can be disbursed.

ALCOHOLD BUILD		
		Contribution Information
Amount	State Agency Providing the Contribution	
	N080 - Department of Probation, Parole, and Pardon Ser	To provide housing and needs
	Organization Information	
Entity Name	Fresh Start Transition Project	Contact Name
Address	PO Box 8734	Position/Title
City/State/Zip	Greenville, SC 29604	Telephone
Website		Email
Tax ID#	85-0958227	
Entity Type	Nonprofit Organization	
		The second secon
		nting of how these funds wi
Complete Buildir	Description g Renovations that will provide 30 beds for clients	Budget
Intake House Lea		\$110,000.00
		\$36,000.00
	rning Center Lease	\$30,000.00
\f	• 1070000	

Grand Total \$250,000,00

\$12,000.00

\$25,562.00

\$36,438.00

Please explain how these funds will be used to pro

Provide guidance in an atmosphere of trust and healing to promote and develop the commitment of the pa Offer an alternative in order for participants to stop using alcohol and drugs

To provide assistance to the needs of women and men that are in transition from correctional facilities and

Organization Certifications

1) Organization hereby gives assurance that no person shall, upon the grounds of race, creed, color, or nati be otherwise subjected to discrimination under any program or activity for which this organization is respor

e with Proviso 117.21 of the appropriations act of 2022 and Executive Order tion for the designated organization. The state agency providing the on. The Information must be collected from the designated organization

Til Nupose:	
of women transitioning from the SCDC.	
Organization Contact Information	
Gracie Tilmon	
Business Manager	
864-230-3081	
Freshstart.Tilmon@gmail.com	
ll be spent:	
Explanation	
Provide Housing and needs for women transitioning from SCDC	1/57
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vide a public benefit:	
rticipants to set and achieve goals	
drug/alcohol	
onal origin, be excluded from participation in, be denied the benefit of, or	
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Organization Signature	Busin	ess Manag
rganization Signature	Title	
Gracie & Tilman		
rinted Name	06-2	8-3024
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	Certifications of State A	Sency Providing
State Agency certifies that the planned expenditure al	igns with the Agency's mission	and/or the nurnes
State Agency Certifies that the Organization has set for	rth a public purpose to be servi	ed through receipt
State Agency certifies that it will make distributions di	rectly to the organization	
State Agency certifies that it will provide the quarterly	spending reports and account	ing received from t
ommittee, and the Executive Budget Office by June 30, 2	2023.	Breceived moint
State Agency certifies that it will publish on their webs	36 J -II	
		A: f
propriations act of 2022	site any and all reports, accoun	tings, forms, update
propriations act of 2022.		
State Agency will certify to the Office of the Governor		
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State Agency will certify to the Office of the Governor Drace R. Julium John D. Gallo		

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		Contribution Information	
Amount	State Agency Providing the Contribution	Purpose	
\$100,000.00	NO80 - Department of Probation, Parole, and Pardon Service	Operation budget for a transitional home for formerly incarcerated women.	

Organization Information			
Entity Name	Paths To Wholeness		
Address	1195 Chestnut Street		
City/State/Zip	Orangeburg, SC 29115		
Website	www.pathstowholeness.org		
Tax ID#	85-4227700		
Entity Type	Nonprofit Organization		

	Organization Contact Information
Name	Dr. Minnie Anderson
Position/Title	Executive Director
Telephone	803-387-8226
Email	pathstowholeness2020@gmail.com

	Reporting Period	
Reporting Period		

		funds have been spent: Expenditures					
Description	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Salaries & Fringe Benefits	\$56,407.45	\$17,848.66	\$17,583.10	In-Kind	\$5,667.40	\$41,099.16	\$15,308.29
Salaries & Fringe Benefits						\$0.00	\$0.00
Dont	\$12,000.00			\$9,000.00	\$4,000.00	\$13,000.00	-\$1,000.00
Rent	\$2,466.00	\$1,233.00		\$1,238.00		\$2,471.00	-\$5.00
Insurance	\$1,746.66	\$250.00	\$450.00	In-Kind	\$80.00	\$780.00	\$966.66
Bookkeepping Service	\$19,654.13	\$4,845.00	\$4,571.25	\$565.00	\$1,880.00	\$11,861.25	\$7,792.88
Repairs & Maintenance	\$1,568.07	\$1,629.46	\$1,467.60	\$3,847.57	\$2,371.24	\$9,315.87	-\$7,747.80
Utilities Services	\$6,157.69	\$1,124.36		\$5.95	\$1,170.04	\$2,300.35	\$3,857.34
Supplies/Equipment	Ç0,137.03	72,221100				\$0.00	\$0.00
Grand Total	\$100,000.00	\$26,930.48	\$24,071.95	\$14,656.52	\$15,168.68	\$80,827.63	\$19,172.37

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

A balance of 19,172 was carried into 2024 to cover unexpected repairs to the property. Because we were not able to hire staff we sent in a revised budget. In addition, the executive director and the bookkeeper offered in-kind services to allow for unexpected repairs. The repairs have not been completed so the funds have been allotted for the contractor.

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.

Signature

Dr. Minnie Anderrson

Printed Name

Executive Director

Title

28-Jun-24

Date



State of South Carolina Request for Contribution Distribution

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	Contribution Ir	formation	
Amount	State Agency Providing the Contribution	Purpose	
	NO80 - Department of Probation, Parole, and Pardon Service For the operations	of the transtional home	

Organization Information		
Entity Name	Path to Wholeness, Inc.	
Address	PO Box 1402	
City/State/Zip	Orangeburg, SC 29116	
Website	pathtowholeness.org	
Tax ID#		
Entity Type	Nonprofit Organization	

Organization Contact Information		
Contact Name	Minnie Anderson	
Position/Title	Pastor	
Telephone	803-387-8226	
Email	pathstowholeness2020@gmail.com	

Description	Budget	Explanation
Program Director	\$10,000.00	
Administrative Assitant	\$29,167.00	
Night Staff Worker (2 staff)	\$31,500.00	
Weekend Staff (3 staff)	\$20,160.00	
Umemployment	\$1,817.00	
Fica (7.65%)	\$6,948.00	
Business License	\$200.00	
Microsoft Software	\$208.00	
Grand Total	\$100,000.00	

Please explain how these funds will be used to provide a public benefit:

Goal 1 - Hire and train administrative staff to manage the operations of the long-term transitional home by January 31, 2022.

Goal 1a (Cont.) - Project Administrator: 100% personnel to oversee the implementation of the restoration for the building and acquire the all necessary documents and licenses to renovate, manage budget and timelineand provide case management.

Goal 1b (Cont.) Administrative Assistant - A full time Assistant will provide primary administrative support to the organization and perform routine and complex duties to support the organization's goals and objectives and activities. Additionally this position will also be responsible for cssisting with staff supervision, coordinating social events and activities, community outreach held at various sites throughout Orangeburg County

Goal 1c (Cont.) - Residential Coordinators - 3 coordinators will be needed for 24 hours monitoring of residents which will include 8 hours shifts for 5 days a week @ \$14.00 per hour for 37 1/2 hours (\$25.200/yr each); and 3 part-time residential coordinator for the weekend for 8 hours @\$14.00 per hour for 16 hours (\$10,752/yr. each).

Goal 2 - Paths To Wholeness will purchase a business license and microsoft software by January 31, 2022.

	Organization Certifications
1) Organization hereby gives assurance that no pe	erson shall, upon the grounds of race, creed, color, or national origin, be excluded from participation in, be denied the benefit of, or be
therwise subjected to discrimination under any p	rogram or activity for which this organization is responsible.
2) Organization certifies that it will provide quarte	erly spending reports to the Agency Providing Contribution listed above.
Organization certifies that it will provide an acc	ounting at the end of the fiscal year to the Agency Providing Contribution listed above.
) Organization certifies that it will allow the State	Auditor to audit or cause to be audited the contributed funds.
Dr. Un Arlun	Executive Director
organization Signature	Title
or. Minnie Anderson	28 June 024
Printed Name	Date
	Certifications of State Agency Providing Contribution
State Agency certifies that the planned expendit	ture aligns with the Agency's mission and/or the purpose specified in the appropriations act.
state Agency certifies that the planned experion	set forth a public purpose to be served through receipt of the expenditure.
State Agency certifies that the Organization has	see for the public purpose to be served through receipt of the experientale.
	ons directly to the organization
State Agency certifies that it will make distributi	
) State Agency certifies that it will make distributi) State Agency certifies that it will provide the qua	arterly spending reports and accounting received from the organization to the Senate Finance Committee, House Ways and Means
) State Agency certifies that it will make distributi) State Agency certifies that it will provide the qua ommittee, and the Executive Budget Office by Jun	arterly spending reports and accounting received from the organization to the Senate Finance Committee, House Ways and Means to 20, 2024.
) State Agency certifies that it will make distributi) State Agency certifies that it will provide the qua ommittee, and the Executive Budget Office by Jun	arterly spending reports and accounting received from the organization to the Senate Finance Committee, House Ways and Means

Date

Agency Head Signature

Certifications of State Agency Providing Contribution

- 1) State Agency certifies that the planned expenditure aligns with the Agency's mission and/or the purpose specified in the appropriations act of 2022.
- 2) State Agency certifies that the Organization has set forth a public purpose to be served through receipt of the expenditure.
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- 5) State Agency certifies that it will publish on their website any and all reports, accountings, forms, updates, communications, or other materials required by Proviso 117.21 of the appropriations act of 2022.

6) State Agency will certify to the Office of the Governor that it has complied with the requirements of Executive Order 2022-19 by June 30, 2023.

Agency Head Signature

6/28/2024

Date

Jo-Ann D. Gallman