

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration



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803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

September 24, 2014

Mr. Les Boles, Director
Office of State Budget
South Carolina Budget and Control Board
Post Office Box 12444
Columbia, South Carolina 29211

Re: Proviso 117.88

Mr. Boles:

Pursuant to Proviso 117.88 of the 2014-2015 Appropriation Act, DDSN is pleased to provide the required reports on our 13 Composite Reservoir Accounts that are less detailed in scope. As requested, please find attached the summary reports for each account in the Excel template provided by your office.

If you should have any questions, please don't hesitate to call me or Martin Taylor at 803-898-9698.

Sincerely,

A handwritten signature in blue ink that reads "Tom".

Tom Waring
Associate State Director, Administration

TPW/lbc

cc: Mr. Martin Taylor, Director of Finance, DDSN

Attachments

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

DISTRICT II

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

**FY 2013-14 Bank Account and Transparency Accountability Report
 FY 2014-15 Appropriation Act, Proviso 117.88**

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Coastal Center - Acct No. 2000021012428 (Dedicated)
Purpose of Account: Client Funds

Exemption Requested: Yes x No _____
If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Y Yes x No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Nilus (Larry) Mattive
Title: Facility Administrator

Name: Richard Nickless
Title: Service and Supply Director

Reconciliation:

Name: Al Stanley
Title: Director of Finance - Coastal

Name: Michelle Blanchfield
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2013: _____ -

Detailed Transactions During FY 2013 -2014:

Deposits (Please list each deposit separately. Add lines as needed.)

DATE	Amount	Source
7/1/2013-6/30/2014		Summary of Deposits

Withdrawals: (Plese list each withdrawal separately. Add lines as needed)

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2013-6/30/2014			Summary of Expenditures

Ending Balance at June 30, 2014: _____ -

**FY 2013-14 Bank Account and Transparency Accountability Report
 FY 2014-15 Appropriation Act, Proviso 117.88**

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Coastal Client - Acct No. 2079900429493 (Direct Deposit)
Purpose of Account: Client Funds

Exemption Requested: Yes x No _____
If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Y Yes x No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Nilus (Larry) Mattive
Title: Facility Administrator

Name: Richard Nickless
Title: Service and Supply Director

Reconciliation:

Name: Al Stanley
Title: Director of Finance - Coastal

Name: Michelle Blanchfield
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2013: _____ 0.08

Detailed Transactions During FY 2013 -2014:

Deposits (Please list each deposit separately. Add lines as needed.)

DATE	Amount	Source
7/1/2013-6/30/2014	1,497,458.83	Summary of Deposits

Withdrawals: (Plese list each withdrawal separately. Add lines as needed)

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2013-6/30/2014	1,497,458.91		Summary of Expenditures

Ending Balance at June 30, 2014: _____ -

**FY 2013-14 Bank Account and Transparency Accountability Report
 FY 2014-15 Appropriation Act, Proviso 117.88**

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Coastal MRC - Acct No. 2079900428494 (Operating)
Purpose of Account: Client Funds

Exemption Requested: Yes x No _____
If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Y Yes x No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Nilus (Larry) Mattive
Title: Facility Administrator

Name: Richard Nickless
Title: Service and Supply Director

Reconciliation:

Name: Al Stanley
Title: Director of Finance - Coastal

Name: Michelle Blanchfield
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2013: _____ 49,928.88

Detailed Transactions During FY 2013 -2014:
Deposits (Please list each deposit separately. Add lines as needed.)

DATE	Amount	Source
7/1/2013-6/30/2014	1,549,122.63	Summary of Deposits

Withdrawals: (Plese list each withdrawal separately. Add lines as needed)

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2013-6/30/2014	1,543,243.37		Summary of Expenditures

Ending Balance at June 30, 2014: 55,808.14

**FY 2013-14 Bank Account and Transparency Accountability Report
 FY 2014-15 Appropriation Act, Proviso 117.88**

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Midland Center - Acct No. 51318889 (Operating)
Purpose of Account: Client Funds

Exemption Requested: Yes x No _____
If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Y Yes x No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Nancy Hall
Title: Facility Administrator

Name: Kim Layton
Title: Director of Finance - Midlands

Reconciliation:

Name: Kim Layton
Title: Director of Finance - Midlands

Name: Michelle Blanchfield
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2013: _____ 26,435.04

Detailed Transactions During FY 2013 -2014:

Deposits (Please list each deposit separately. Add lines as needed.)

DATE	Amount	Source
7/1/2013-6/30/2014	2,129,571.01	Summary of Deposits

Withdrawals: (Plese list each withdrawal separately. Add lines as needed)

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2013-6/30/2014	2,107,874.93		Summary of Expenditures

Ending Balance at June 30, 2014: 48,131.12

**FY 2013-14 Bank Account and Transparency Accountability Report
 FY 2014-15 Appropriation Act, Proviso 117.88**

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Client Funds - Acct No. 50014539 (Direct Deposit)
Purpose of Account: Client Funds

Exemption Requested: Yes x No _____
If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Y Yes x No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Nancy Hall
Title: Facility Administrator

Name: Kim Layton
Title: Director of Finance - Midlands

Reconciliation:

Name: Kim Layton
Title: Director of Finance - Midlands

Name: Michelle Blanchfield
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2013: _____ 6.27

Detailed Transactions During FY 2013 -2014:

Deposits (Please list each deposit separately. Add lines as needed.)

DATE	Amount	Source
7/1/2013-6/30/2014	1,943,305.08	Summary of Deposits

Withdrawals: (Plese list each withdrawal separately. Add lines as needed)

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2013-6/30/2014	1,943,310.91		Summary of Expenditures

Ending Balance at June 30, 2014: 0.44

**FY 2013-14 Bank Account and Transparency Accountability Report
 FY 2014-15 Appropriation Act, Proviso 117.88**

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Midland Ctr RD - Acct No. 775879401 (Dedicated)
Purpose of Account: Client Funds

Exemption Requested: Yes x No _____
If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Y Yes x No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Nancy Hall
Title: Facility Administrator

Name: Kim Layton
Title: Director of Finance - Midlands

Reconciliation:

Name: Kim Layton
Title: Director of Finance - Midlands

Name: Michelle Blanchfield
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2013: _____ -

Detailed Transactions During FY 2013 -2014:

Deposits (Please list each deposit separately. Add lines as needed.)

DATE	Amount	Source
7/1/2013-6/30/2014	-	Summary of Deposits

Withdrawals: (Plese list each withdrawal separately. Add lines as needed)

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2013-6/30/2014	-		Summary of Expenditures

Ending Balance at June 30, 2014: _____ -

**FY 2013-14 Bank Account and Transparency Accountability Report
 FY 2014-15 Appropriation Act, Proviso 117.88**

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Pee Dee Client - Acct No. 2079900429480 (Direct Deposit)
Purpose of Account: Client Funds

Exemption Requested: Yes x No _____
If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Y Yes x No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Deborah Reddick
Title: Director of Finance

Name: Jack Kolesar
Title: Co-Administrator/Program Services/Supports

Reconciliation:

Name: Joe Freeman
Title: Claims and Collections - Pee Dee

Name: Michelle Blanchfield
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2013: _____ -

Detailed Transactions During FY 2013 -2014:

Deposits (Please list each deposit separately. Add lines as needed.)

DATE	Amount	Source
7/1/2013-6/30/2014	1,809,366.82	Summary of Deposits

Withdrawals: (Please list each withdrawal separately. Add lines as needed)

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2013-6/30/2014	1,809,366.82		Summary of Expenditures

Ending Balance at June 30, 2014:

**FY 2013-14 Bank Account and Transparency Accountability Report
 FY 2014-15 Appropriation Act, Proviso 117.88**

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Pee Dee Ct RDA - Acct No. 2000034691564 (Dedicated)
Purpose of Account: Client Funds

Exemption Requested: Yes x No _____
If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Y Yes x No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Deborah Reddick
Title: Director of Finance

Name: Jack Kolesar
Title: Co-Administrator/Program Services/Supports

Reconciliation:

Name: Joe Freeman
Title: Claims and Collections - Pee Dee

Name: Michelle Blanchfield
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2013: _____ -

Detailed Transactions During FY 2013 -2014:

Deposits (Please list each deposit separately. Add lines as needed.)

DATE	Amount	Source
7/1/2013-6/30/2014	-	Summary of Deposits

Withdrawals: (Plese list each withdrawal separately. Add lines as needed)

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2013-6/30/2014	-		Summary of Expenditures

Ending Balance at June 30, 2014: _____ -

**FY 2013-14 Bank Account and Transparency Accountability Report
 FY 2014-15 Appropriation Act, Proviso 117.88**

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Pee Dee Ctr - Acct No. 2079900435306 (Operating)
Purpose of Account: Client Funds

Exemption Requested: Yes x No _____
If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Y Yes x No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Deborah Reddick
Title: Director of Finance

Name: Jack Kolesar
Title: Co-Administrator/Program Services/Supports

Reconciliation:

Name: Joe Freeman
Title: Claims and Collections - Pee Dee

Name: Michelle Blanchfield
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2013: _____ 158,104.62

Detailed Transactions During FY 2013 -2014:

Deposits (Please list each deposit separately. Add lines as needed.)

DATE	Amount	Source
7/1/2013-6/30/2014	1,862,009.82	Summary of Deposits

Withdrawals: (Plese list each withdrawal separately. Add lines as needed)

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2013-6/30/2014	1,901,561.33		Summary of Expenditures

Ending Balance at June 30, 2014: 118,553.11

**FY 2013-14 Bank Account and Transparency Accountability Report
 FY 2014-15 Appropriation Act, Proviso 117.88**

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Client Funds - Acct No. 2000021012172
Purpose of Account: Client Funds

Exemption Requested: Yes x No _____
If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Y Yes x No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Alan Longshore
Title: Claims and Claims

Name: Tracy Long
Title: Fiscal Analyst

Reconciliation:

Name: Debbie Dectoria
Title: Director of Finance - Whitten

Name: Michelle Blanchfield
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2013: _____ 25,768.58

Detailed Transactions During FY 2013 -2014:

Deposits (Please list each deposit separately. Add lines as needed.)

DATE	Amount	Source
7/1/2013-6/30/2014	3,650,016.77	Summary of Deposits

Withdrawals: (Plese list each withdrawal separately. Add lines as needed)

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2013-6/30/2014	3,525,482.76		Summary of Expenditures

Ending Balance at June 30, 2014: 150,302.59

**FY 2013-14 Bank Account and Transparency Accountability Report
 FY 2014-15 Appropriation Act, Proviso 117.88**

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Dedicated - Acct No. 2000021012185
Purpose of Account: Client Funds

Exemption Requested: Yes x No _____
If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Y Yes x No _____

Authorized Personnel

Check Writing/Withdrawal:
Name: Alan Longshore
Title: Claims and Claims

Name: Tracy Long
Title: Fiscal Analyst

Reconciliation:
Name: Debbie Detoria
Title: Director of Finance - Whitten

Name: Michelle Blanchfield
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2013: _____ -

Detailed Transactions During FY 2013 -2014:
Deposits (Please list each deposit separately. Add lines as needed.)

DATE	Amount	Source
7/1/2013-6/30/2014	-	Summary of Deposits

Withdrawals: (Plese list each withdrawal separately. Add lines as needed)

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2013-6/30/2014	-		Summary of Expenditures

Ending Balance at June 30, 2014: _____ -

**FY 2013-14 Bank Account and Transparency Accountability Report
 FY 2014-15 Appropriation Act, Proviso 117.88**

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Direct Deposit - Acct No. 2000021012169
Purpose of Accour Client Funds

Exemption Requested: Yes x No _____
If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Y Yes x No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Alan Longshore
Title: Claims and Claims

Name: Tracy Long
Title: Fiscal Analyst

Reconciliation:

Name: Debbie Dectoria
Title: Director of Finance - Whitten

Name: Michelle Blanchfield
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2013: _____ 4.92

Detailed Transactions During FY 2013 -2014:

Deposits (Please list each deposit separately. Add lines as needed.)

DATE	Amount	Source
7/1/2013-6/30/2014	3,444,937.77	Summary of Deposits

Withdrawals: (Plese list each withdrawal separately. Add lines as needed)

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2013-6/30/2014	3,444,941.39		Summary of Expenditures

Ending Balance at June 30, 2014: 1.30

**FY 2013-14 Bank Account and Transparency Accountability Report
 FY 2014-15 Appropriation Act, Proviso 117.88**

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Return Check - Acct No. 2079900429231
Purpose of Account:

Exemption Requested: Yes x No _____
If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Y Yes x No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: N/A
Title:

Name:
Title:

Reconciliation:

Name: Tarsha Gantt
Title: Fiscal Analyst II

Name: Michelle Blanchfield
Title: Fiscal Analyst III

Financial Information

Beginning Balance at July 1, 2013: _____ 1,000.00

Detailed Transactions During FY 2013 -2014:

Deposits (Please list each deposit separately. Add lines as needed.)

DATE	Amount	Source
7/1/2013-6/30/2014	-	Summary of Deposits

Withdrawals: (Plese list each withdrawal separately. Add lines as needed)

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2013-6/30/2014	25.00		Summary of Expenditures

Ending Balance at June 30, 2014: 975.00