

**FY 2014-15 Bank Account and Transparency Accountability Report
FY 2015-16 Appropriation Act, Proviso 117.84**

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 No
 If exemption is requested, reason: Previously granted 3/6/12
 Exemption Approved in Prior Year: Yes No

Authorized Personnel

Check Writing/Withdrawal:

Name: John Dooney
 Title: District II HRM Director

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, 2014:

Detailed Transactions During FY 2014 -2015:

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

DATE	Amount	Source
7/1/2014-6/30/2015	-	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014-6/30/2015	-		Summary of Expenditures

Ending Balance at June 30, 2015:

**FY 2014-15 Bank Account and Transparency Accountability Report
 FY 2015-16 Appropriation Act, Proviso 117.84**

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 No

If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Year: Yes No

Authorized Personnel

Check Writing/Withdrawal:

Name: John Dooney
 Title: District II HRM Director

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, 2014:

Detailed Transactions During FY 2014 -2015:

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

DATE	Amount	Source
7/1/2014-6/30/2015	-	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014-6/30/2015	-		Summary of Expenditures

Ending Balance at June 30, 2015:

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**FY 2014-15 Bank Account and Transparency Accountability Report
FY 2015-16 Appropriation Act, Proviso 117.84**

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 No
 If exemption is requested, reason: Previously granted 3/6/12
 Exemption Approved in Prior Year: Yes No

Authorized Personnel

Check Writing/Withdrawal:

Name: John Dooney
 Title: District II HRM Director

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, 2014:

Detailed Transactions During FY 2014 -2015:

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

DATE	Amount	Source
7/1/2014 - 6/30/2015	1,513,092.75	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	1,512,232.58		Summary of Expenditures

Ending Balance at June 30, 2015:

**FY 2014-15 Bank Account and Transparency Accountability Report
FY 2015-16 Appropriation Act, Proviso 117.84**

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 No
 If exemption is requested, reason: Previously granted 3/6/12
 Exemption Approved in Prior Year: Yes 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, 2014:

Detailed Transactions During FY 2014 -2015:

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

DATE	Amount	Source
7/1/2014 - 6/30/2015	2,033,450.51	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	2,012,156.37		Summary of Expenditures

Ending Balance at June 30, 2015:

**FY 2014-15 Bank Account and Transparency Accountability Report
 FY 2015-16 Appropriation Act, Proviso 117.84**

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 No

If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Year: Yes No

Authorized Personnel

Check Writing/Withdrawal:

Name: John Dooney
 Title: District II HRM Director

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, 2014:

Detailed Transactions During FY 2014 -2015:

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

DATE	Amount	Source
7/1/2014 - 6/30/2015	1,570,430.02	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	1,582,682.47		Summary of Expenditures

Ending Balance at June 30, 2015:

43,555.69

**FY 2014-15 Bank Account and Transparency Accountability Report
 FY 2015-16 Appropriation Act, Proviso 117.84**

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 No
If exemption is requested, reason: Previously granted 3/6/12
Exemption Approved in Prior Year: Yes 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, 2014:

Detailed Transactions During FY 2014 -2015:

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

DATE	Amount	Source
7/1/2014 - 6/30/2015	1,848,387.79	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	1,848,387.48		Summary of Expenditures

Ending Balance at June 30, 2015:

**FY 2014-15 Bank Account and Transparency Accountability Report
FY 2015-16 Appropriation Act, Proviso 117.84**

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 No
 If exemption is requested, reason: Previously granted 3/6/12
 Exemption Approved in Prior Year: Yes 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, 2014:

Detailed Transactions During FY 2014 -2015:

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

DATE	Amount	Source
7/1/2014 - 6/30/2015	-	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	-		Summary of Expenditures

Ending Balance at June 30, 2015:

**FY 2014-15 Bank Account and Transparency Accountability Report
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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 No

If exemption is requested, reason: Previously granted 3/6/12

Exemption Approved in Prior Year: Yes No

Authorized Personnel

Check Writing/Withdrawal:

Name: Alan Longshore
 Title: Claims and Claims

Name: Tracy Long
 Title: Fiscal Analyst

Reconciliation:

Name: Debbie Detroia
 Title: Director of Finance - Whitten

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

Financial Information

Beginning Balance at July 1, 2014:

Detailed Transactions During FY 2014 -2015:

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

DATE	Amount	Source
7/1/2014 - 6/30/2015	3,426,262.37	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	3,496,170.95		Summary of Expenditures

Ending Balance at June 30, 2015:

**FY 2014-15 Bank Account and Transparency Accountability Report
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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 No
If exemption is requested, reason: Previously granted 3/6/12
Exemption Approved in Prior Year: Yes 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, 2014:

Detailed Transactions During FY 2014 -2015:

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

DATE	Amount	Source
7/1/2014 - 6/30/2015	1,712,957.79	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	1,712,957.79		Summary of Expenditures

Ending Balance at June 30, 2015:

**FY 2014-15 Bank Account and Transparency Accountability Report
 FY 2015-16 Appropriation Act, Proviso 117.84**

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 No
If exemption is requested, reason: Previously granted 3/6/12
Exemption Approved in Prior Year: Yes 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, 2014:

Detailed Transactions During FY 2014 -2015:

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

DATE	Amount	Source
7/1/2014 - 6/30/2015	-	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	-		Summary of Expenditures

Ending Balance at June 30, 2015:

**FY 2014-15 Bank Account and Transparency Accountability Report
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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 No
If exemption is requested, reason: Previously granted 3/6/12
Exemption Approved in Prior Year: Yes 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, 2014:

Detailed Transactions During FY 2014 -2015:

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

DATE	Amount	Source
7/1/2014 - 6/30/2015	1,745,958.02	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	1,765,789.92		Summary of Expenditures

Ending Balance at June 30, 2015:

**FY 2014-15 Bank Account and Transparency Accountability Report
 FY 2015-16 Appropriation Act, Proviso 117.84**

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 No
If exemption is requested, reason: Previously granted 3/6/12
Exemption Approved in Prior Year: Yes No

Authorized Personnel

Check Writing/Withdrawal:

Name: Alan Longshore
 Title: Claims and Claims

Name: Tracy Long
 Title: Fiscal Analyst

Reconciliation:

Name: Debbie Detroia
 Title: Director of Finance - Whitten

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

Financial Information

Beginning Balance at July 1, 2014:

Detailed Transactions During FY 2014 -2015:

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

DATE	Amount	Source
7/1/2014 - 6/30/2015	3,426,262.37	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	3,496,170.95		Summary of Expenditures

Ending Balance at June 30, 2015:

**FY 2014-15 Bank Account and Transparency Accountability Report
FY 2015-16 Appropriation Act, Proviso 117.84**

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 No
 If exemption is requested, reason: Previously granted 3/6/12
 Exemption Approved in Prior Year: Yes No

Authorized Personnel

Check Writing/Withdrawal:

Name: Alan Longshore
 Title: Claims and Claims

Name: Tracy Long
 Title: Fiscal Analyst

Reconciliation:

Name: Debbie Detroia
 Title: Director of Finance - Whitten

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

Financial Information

Beginning Balance at July 1, 2014:

Detailed Transactions During FY 2014 -2015:

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

DATE	Amount	Source
7/1/2014 - 6/30/2015	-	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	-		Summary of Expenditures

Ending Balance at June 30, 2015:

**FY 2014-15 Bank Account and Transparency Accountability Report
 FY 2015-16 Appropriation Act, Proviso 117.84**

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

Exemption Requested: Yes No
If exemption is requested, reason: Previously granted 3/6/12
Exemption Approved in Prior Year: Yes No

Authorized Personnel

Check Writing/Withdrawal:

Name: Alan Longshore
 Title: Claims and Claims

Name: Tracy Long
 Title: Fiscal Analyst

Reconciliation:

Name: Debbie Detroia
 Title: Director of Finance - Whitten

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

Financial Information

Beginning Balance at July 1, 2014:

Detailed Transactions During FY 2014 -2015:

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

DATE	Amount	Source
7/1/2014 - 6/30/2015	3,228,386.60	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	3,228,387.23		Summary of Expenditures

Ending Balance at June 30, 2015:

**FY 2014-15 Bank Account and Transparency Accountability Report
 FY 2015-16 Appropriation Act, Proviso 117.84**

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 No
If exemption is requested, reason: Previously granted 3/6/12
Exemption Approved in Prior Year: Yes No

Authorized Personnel

Check Writing/Withdrawal:
Name: N/A
Title:

Name:
Title:

Reconciliation:

Name: Michelle Blanchfield
Title: Fiscal Analyst III

Name: Leann S. Miller
Title: Fiscal Manager

Financial Information

Beginning Balance at July 1, 2014:

Detailed Transactions During FY 2014 -2015:

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

DATE	Amount	Source
7/1/2014 - 6/30/2015	77,567.17	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	77,542.17		

Ending Balance at June 30, 2015: