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



3440 Harden Street Ext (29203) PO Box 4706, Columbia, South Carolina 29240 803/898-9600 Toll Free: 888/DSN-INFO Website: www.ddsn.sc.gov COMMISSION
Christine Sharp
Chairman
Fred Lynn
Vice Chairman
Eva R. Ravenel
Sceretary
William O. Danielson
Katherine W. Davis
Katherine Llamas Finley
Harvey E. Shiver

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,

**Tom Waring** 

9995 Miles Jamison Road

Summerville, SC 29485

Phone: 843/832-5576

Associate State Director, Administration

TPW/lbc

P.O. Box 239

Clinton, SC 29325-5328

Phone: (864) 938-3497

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

**Attachments** 

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

Agency Name/Nu Account Name: Purpose of Accou	S.C. Department of Disabilities and Special Needs/J160 Coastal Center - Acct No. 2000021012428 (Dedicated) Client Funds					
Exemption Reque		Yes	x	No		
If exemption is re	quested, reason:	Previousl	y granted 3	3/6/12		
Exemption Appro	oved in Prior Y	Yes	х	No		
Authorized Perso						
Check Writing/W						
Name:	Nilus (Larry) Mattive					
Title	Facility Administrator					
Name:	Richard Nickless					
Title:	Service and Supply Di	rector				
Reconciliation:						
Name:	Al Stanley					
Title	Director of Finance - C	Coastal				
Name:	Michelle Blanchfield					
Title:	Fiscal Analyst III - Cer	ntral Office				
Financial Informa	<u>ition</u>					
Beginning Balance	e at July 1, 2013:			-	_	
Detailed Transact	ions During FY 2013	3 -2014:				
	st each deposit separa		es as need	ed.)		
DATE	Amount	1		Source		
	211104116			30ui ce		
1/1/2012 (/20/2014		ام				

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

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

Ending Balance at June 30, 2014	

Agency Name/Nu Account Name: Purpose of Accou		S.C. Department of Disabilities and Special Needs/J160 Coastal Client - Acct No. 2079900429493 (Direct Deposit) Client Funds				
Exemption Reque		Yes	x	No		
If exemption is re	quested, reason:	Previousl	y granted 3	3/6/12		
Exemption Appro	oved in Prior Y	Yes	x	No		
Authorized Perso						
Check Writing/W						
Name: Title	Nilus (Larry) Mattive					
Title	Facility Administrato	r				
Name:	Richard Nickless					
Title:	Service and Supply D	irector				
Reconciliation:						
Name:	Al Stanley					
Title	Director of Finance -	Coastal				
Name:	Michelle Blanchfield					
Title:	Fiscal Analyst III - Co	entral Office				
Financial Informa	•					
Beginning Balance	e at July 1, 2013:	-		0.08	_	
Detailed Transacti	ions During FY 201	3 -2014:				
	st each deposit separa		es as need	ed.)		
DATE	l Amount	1		6		
MIE	Amount		<u> </u>	Source	<del>.</del>	_
//1/2013-6/30/2014	1,497,45	8.83 Summary	of Deposit	ts		

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:	 -

Agency Nan Account Na Purpose of	me:	S.C. Department of Disabilities and Special Needs/J160 Coastal MRC - Acct No. 2079900428494 (Operating) Client Funds				
Exemption I	Requested: n is requested, reason:	Yes	x	No		
11 exemption	i is requesieu, reason:	Previousl	y granted 3	3/6/12		
Exemption A	Approved in Prior Y	Yes	x	No		
Authorized	Personnel					
Check Writi	ing/Withdrawal:					
Name:	Nilus (Larry) Mattive					
Title	Facility Administrator					
Name:	Richard Nickless					
Title:	Service and Supply Di	rector				
Reconciliatio	on:					
Name:	Al Stanley					
Title	Director of Finance - C	Coastal				
Name:	Michelle Blanchfield					
Title:	Fiscal Analyst III - Cer	ntral Office				
Financial In	<u>formation</u>					
Beginning B	alance at July 1, 2013:	•		49,928.88	_	
	nsactions During FY 2013 ase list each deposit separa		es as need	ed.)		
		1				

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

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

Ending Balance at June 30, 2014:	55,808.14
----------------------------------	-----------

Agency Name/Nu Account Name: Purpose of Accou	S.C. Department of Disabilities and Special Needs/J160 Midland Center - Acct No. 51318889 (Operating) Client Funds				
Exemption Reque		Yes	x	No	-
If exemption is re	questea, reason:	Previousl	y granted 3	3/6/12	
Exemption Appro	oved in Prior Y	Yes	x	No	
Authorized Perso Check Writing/W Name: Title					
Name: Title:	Kim Layton Director of Finance - M	idlands			
<b>Reconciliation:</b> Name: Title Name: Title:	Kim Layton Director of Finance - M Michelle Blanchfield Fiscal Analyst III - Cent	<del></del>			
Financial Informa	tion			26,435.04	
Detailed Transacti	ions During FY 2013 st each deposit separate		s as need		
DATE	Amount			Source	
7/1/2013-6/30/2014	2.129.571.6	)1 Summary	of Denocia	10	

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

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

Ending Balance at June 30, 2014:	48,131.12

Agency Name/Number: Account Name: Purpose of Accoun		S.C. Department of Disabilities and Special Needs/J160 Client Funds - Acct No. 50014539 (Direct Deposit) Client Funds			
Exemption Reque		Yes	x	No	°2
	440000, 100000.	Previous	ly granted 3	3/6/12	
Exemption Appro	oved in Prior Y	Yes	x	No	·
Authorized Perso Check Writing/W					
Name:	Nancy Hall				
Title	Facility Administrator				
Name:	Kim Layton				
Title:	Director of Finance - Midl	ands			
Reconciliation:					
Name:	Kim Layton				
Title	Director of Finance - Midlands				
Name:	Michelle Blanchfield				
Title:	Fiscal Analyst III - Central Office				
Financial Informa	tion				
Beginning Balance		***	6.27	_	
	ions During FY 2013 -20 st each deposit separately		es as need	ed.)	
DATE	Amount			Source	
7/1/2013-6/30/2014	1,943,305.08	Summary	of Deposit	ts	

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2013-6/30/2014	1,943,310.91		Summary of Expenditures
	, ,		, or <u>any</u>
	ĺ		
	ļ		

Ending Balance at June 30, 2014:	 0.44

Agency Name/Number: Account Name: Purpose of Accour			rRD - Ac		es and Special Needs/J 401 (Dedicated)	60
Exemption :	-	Yes	x	No		
ii exemptio	n is requested, reason:	Previous	ly granted 3	3/6/12		
Exemption .	Approved in Prior Y	Yes	x	No		
<u>Authorized</u>						
Спеск writ Name:	ing/Withdrawal:					
Title	Nancy Hall Facility Administrator					
Name:	Kim Layton					
Title:	Director of Finance - N	Midlands				
Reconciliati	on:					
Name:	Kim Layton					
Title	•	Director of Finance - Midlands				
Name:	Michelle Blanchfield					
Title:	Fiscal Analyst III - Cer	ntral Office				
Financial In	<u>formation</u>					
Beginning B	alance at July 1, 2013:				_	
	nsactions During FY 2013					
Deposits (Ple	ease list each deposit separar	tely. Add lin	es as need	ed.)		

DATE	Amount	Source
7/1/2013-6/30/2014	_	Summary of Deposits
,	n .	
l	l	

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2013-6/30/2014	-		Summary of Expenditures
1			[
Ending Balance at	June 30, 2014:		<u> </u>

Agency Name/Number: Account Name: Purpose of Account		S.C. Department of Disabilities and Special Needs/J160 Pee Dee Client - Acct No. 2079900429480 (Direct Deposit) Client Funds				J160
Exemption Requalif exemption is re		Yes	x	No		
,	,	Previousl	ly granted 3	/6/12		
Exemption Appro	oved in Prior Y	Yes	x	No		
Authorized Perso Check Writing/W						
Name:	Deborah Reddick					
Title	Director of Finance					
Name:	Jack Kolesar					
Title:						
Reconciliation:						
Name:						
Title	Claims and Collections - Pee Dee					
Name:	Michelle Blanchfield					
Title:	Fiscal Analyst III - Central Office					
Financial Informa	tion					
Beginning Balance at July 1, 2013:						
Detailed Transact	ions During FY 2013	-2014•				
	st each deposit separate		es as neede	ed.)		
DATE	Amount	1		Source		
7/1/2013-6/30/2014	1,809,366.	82 Summary	of Deposit			·

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

Agency Name/Nu Account Name: Purpose of Accou	Pee Dee Ct RDA - Acct No. 2000034691564 (Dedicated)					0
Exemption Reque If exemption is re		Yes	x	No		
•	,	Previousl	y granted 3	3/6/12		
Exemption Appro	oved in Prior Y	Yes	х	No		
Authorized Perso Check Writing/W Name: Title						
Name: Title:	Jack Kolesar Co-Administrator/Program Services/Supports					
Reconciliation: Name: Title Name: Title:	Joe Freeman Claims and Collections - Pee Dee  Michelle Blanchfield					
Financial Informa	Fiscal Analyst III - Ce	nual Office				
Beginning Balance	e at July 1, 2013:				_	
	ons During FY 2013 t each deposit separa		s as neede	ed.)		
DATE	Amount			Source		
7/1/2013-6/30/2014		- Summary	of Deposit	S		

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2013-6/30/2014	-		Summary of Expenditures
			2.0
	ı		
Ending Balance at Jui	ne 30, 2014:		-

Ending Balance at June 30,	2014:	 -

Agency Nar Account Na Purpose of		S.C. Department of Disabilities and Special Needs/J160 Pee Dee Ctr - Acct No. 2079900435306 (Operating) Client Funds				
Exemption If exemption	Requested: n is requested, reason:	Yes	x	No		
ar exemptio	n is requested, reason.	Previousl	y granted 3	3/6/12		
Exemption	Approved in Prior Y	Yes	x	No		
<u>Authorized</u>	<del></del>					
	ting/Withdrawal:					
Name:	Deborah Reddick					
Title	Director of Finance					
Name:	Jack Kolesar					
Title:	Co-Administrator/Prog	gram Services/	Supports			
Reconciliati	ion:					
Name:	Joe Freeman					
Title	Claims and Collections	s - Pee Dee				
Name:	Michelle Blanchfield					
Fiscal Analyst III - Central Office						
Financial In	<u>aformation</u>					
Beginning B	Balance at July 1, 2013:	<del>c.</del>		158,104.62	_	
	ansactions During FY 2013 ease list each deposit separa		es as need	ed )		

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

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
----------------------------------	------------

Agency Name/Nu Account Name: Purpose of Accou	S.C. Department of Disabilities and Special Needs/J160 Client Funds - Acct No. 2000021012172 Client Funds				
Exemption Reque		Yes	x	No	
•	1	Previously	granted 3	3/6/12	
Exemption Appro	ved in Prior Y	Yes	x	No	
Authorized Perso Check Writing/W					
Name:	Alan Longshore				
Title	Claims and Claims				
Name:	Tracy Long				
Title:	Fiscal Analyst				
Reconciliation:					
Name:	Debbie Detoria				
Title	Director of Finance - Whitt	en			
Name:	Michelle Blanchfield				
Title:	Fiscal Analyst III - Central	Office			
Financial Informa	<u>tion</u>				
Beginning Balance	e 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	
//1/2013-6/30/2014	3,650,016.77	Summary o	f Deposi	ts	

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
----------------------------------	------------

Agency Name/Nu Account Name: Purpose of Accou		S.C. Department of Disabilities and Special Needs/J160 Dedicated - Acct No. 2000021012185 Client Funds				
Exemption Reque If exemption is re		Yes	x	No		
<b>,</b>		Previousl	y granted 3	/6/12		
Exemption Appro	oved in Prior Y	Yes	x	No		
Authorized Perso Check Writing/W						
Name:						
Title	Alan Longshore					
Title	Claims and Claims					
Name:	Troop I one					
Title:	Tracy Long Fiscal Analyst					
Title.	riscai Aliaiyst					
Reconciliation:						
Name:	Debbie Detoria					
Title	Director of Finance - White	ten				
		••••				
Name:	Michelle Blanchfield					
Title:	Fiscal Analyst III - Central	Office				
	,					
<u>Financial Informa</u>	<u>tion</u>					
Beginning Balance	e at July 1, 2013:				_	
					-	
Detailed Transact	ons During FY 2013 -20	14:				
Deposits (Please lis	st each deposit separately.	. Add line	es as neede	ed.)		
NA TRE						
DATE	Amount			Source		
//1/2013-6/30/2014						
7172013-0/30/2014	-	Summary	of Deposits	S		
		[				
		ĺ				
ĺ		1				

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2013-6/30/2014	-		Summary of Expenditures
1			1
Ending Releases at 1	luna 20, 2014.		

ding Balance at June 30, 2014:	 -

Agency Name/Nu Account Name: Purpose of Accou		S.C. Department of Disabilities and Special Needs/J160 Direct Deposit - Acct No. 2000021012169 Client Funds			
Exemption Requested: If exemption is requested, reason:		Yes	x	No	
	questou, i cason.	Previousl	y granted 3	3/6/12	
Exemption Approved in Prior Y		Yes	x	No	
Authorized Perso Check Writing/W Name: Title	ithdrawal: Alan Longshore Claims and Claims				
Name: Title:	Tracy Long Fiscal Analyst				
Reconciliation: Name: Title Name: Title:	Debbie Detoria Director of Finance - Whitt Michelle Blanchfield Fiscal Analyst III - Central				
Financial Information					
Beginning Balance		·	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 Deposit	ts	

Ending Balance at June 30, 2014:

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

1.30

Agency Name/Nu Account Name: Purpose of Accou		S.C. Department of Disabilities and Special Needs/J160 Return Check - Acct No. 2079900429231			
Exemption Reque		Yes	x	No	
ar vacaipuon is re	questes, reason.	Previously a	granted 3/6/1		
Exemption Appro	ved in Prior Y	Yes	x	No	
Authorized Person Check Writing/W Name: Title					
Name: Title:					
Reconciliation: Name: Title	Tarsha Gantt Fiscal Analyst II				
Name: Title:	Michelle Blanchfield Fiscal Analyst III				
Financial Informa	<u>tion</u>				
Beginning Balance	e 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	· · · · · · · · · · · · · · · · · · ·

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

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2013-6/30/2014	25.00		Summary of Expenditures
	,		
ĺ			
'	•		I

Ending Balance at June 30, 2014:	975.00
,	7,000