

**FY 2015-16 Bank Account and Transparency Accountability Report
FY 2016-17 Appropriation Act, Proviso 117.83**

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Coastal MRC - Acct No. xxxxxxxx8494 (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

Name: Barbara Taylor
Title: Administrative Assistant to the Facilities

Name: Rebecca Hill
Title: Facility Administrator

Name: James Harris
Title: Director of Maintenance

Reconciliation:

Name: Al Stanley
Title: Director of Finance - Coastal

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

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Coastal MRC - Acct No. 2079900428494 (Operating)

Beginning Balance at July 1, 2015:

43,555.69

Detailed Transactions During FY 2015 -2016:

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

DATE	Amount	Source
07/01/15 - 06/30/16	1,584,525.11	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/15 - 06/30/16	1,581,814.47		Summary of Expenditures

Ending Balance at June 30, 2016:

46,266.33

**FY 2015-16 Bank Account and Transparency Accountability Report
FY 2016-17 Appropriation Act, Proviso 117.83**

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Coastal Client - Acct No. xxxxxxxxx9493 (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

Name: Barbara Taylor
Title: Administrative Assistant to the Facilities

Name: Rebecca Hill
Title: Facility Administrator

Name: James Harris
Title: Director of Maintenance

Reconciliation:

Name: Al Stanley
Title: Director of Finance - Coastal

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

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Coastal Client - Acct No. 2079900429493 (Direct Deposit)

Beginning Balance at July 1, 2015:

860.17

Detailed Transactions During FY 2015 -2016:

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

DATE	Amount	Source
07/01/15 - 06/30/16	1,549,576.51	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/15 - 06/30/16	1,550,438.66		Summary of Expenditures

Ending Balance at June 30, 2016:

(1.98)

**FY 2015-16 Bank Account and Transparency Accountability Report
FY 2016-17 Appropriation Act, Proviso 117.83**

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Coastal Center - Acct No. xxxxxxxxx2428 (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

Name: Barbara Taylor
Title: Administrative Assistant to the Facilities

Name: Rebecca Hill
Title: Facility Administrator

Name: James Harris
Title: Director of Maintenance

Reconciliation:

Name: Al Stanley
Title: Director of Finance - Coastal

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

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Coastal Center - Acct No. 2000021012428 (Dedicated)

Beginning Balance at July 1, 2015:

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Detailed Transactions During FY 2015 -2016:

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

DATE	Amount	Source
07/01/15 - 06/30/16	-	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/15 - 06/30/16	-		Summary of Expenditures

Ending Balance at June 30, 2016:

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**FY 2015-16 Bank Account and Transparency Accountability Report
FY 2016-17 Appropriation Act, Proviso 117.83**

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Midland Center - Acct No. xxxxx8889 (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

Name: Paul Justus
Title: Procurement/Claims Officer

Reconciliation:

Name: Kim Layton
Title: Director of Finance - Midlands

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

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Midland Center - Acct No. 51318889 (Operating)

Beginning Balance at July 1, 2015:

69,425.26

Detailed Transactions During FY 2015 -2016:

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

DATE	Amount	Source
07/01/15 - 06/30/16	2,116,439.46	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/15 - 06/30/16	2,132,450.14		Summary of Expenditures

Ending Balance at June 30, 2016:

53,414.58

**FY 2015-16 Bank Account and Transparency Accountability Report
FY 2016-17 Appropriation Act, Proviso 117.83**

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Client Funds - Acct No. xxxxx4539 (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

Name: Paul Justus
Title: Procurement/Claims Officer

Reconciliation:

Name: Kim Layton
Title: Director of Finance - Midlands

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

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Client Funds - Acct No. 50014539 (Direct Deposit)

Beginning Balance at July 1, 2015:

0.75

Detailed Transactions During FY 2015 -2016:

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

DATE	Amount	Source
07/01/15 - 06/30/16	1,874,839.68	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/15 - 06/30/16	1,874,595.11		Summary of Expenditures

Ending Balance at June 30, 2016:

245.32

**FY 2015-16 Bank Account and Transparency Accountability Report
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Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Midland Ctr RD - Acct No. xxxxx9401 (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

Name: Paul Justus
Title: Procurement/Claims Officer

Reconciliation:

Name: Kim Layton
Title: Director of Finance - Midlands

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

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Midland Ctr RD - Acct No. 775879401 (Dedicated)

Beginning Balance at July 1, 2015:

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Detailed Transactions During FY 2015 -2016:

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

DATE	Amount	Source
07/01/15 - 06/30/16	-	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/15 - 06/30/16	-		Summary of Expenditures

Ending Balance at June 30, 2016:

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**FY 2015-16 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. xxxxxxxxx5306 (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

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Pee Dee Ctr - Acct No. 2079900435306 (Operating)

Beginning Balance at July 1, 2015:

98,724.21

Detailed Transactions During FY 2015 -2016:

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

DATE	Amount	Source
07/01/15 - 06/30/16	1,791,997.62	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/15 - 06/30/16	1,743,072.68		Summary of Expenditures

Ending Balance at June 30, 2016:

147,649.15

**FY 2015-16 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. xxxxxxxxx9480 (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

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2015:

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Pee Dee Client - Acct No. 2079900429480 (Direct Deposit)

Detailed Transactions During FY 2015 -2016:

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

DATE	Amount	Source
07/01/15 - 06/30/16	1,746,404.00	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/15 - 06/30/16	1,752,679.72		Summary of Expenditures

Ending Balance at June 30, 2016:

(6,275.72)

**FY 2015-16 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 Ct RDA - Acct No. xxxxxxxxx1564 (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

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Pee Dee Ct RDA - Acct No. 2000034691564 (Dedicated)

Beginning Balance at July 1, 2015:

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Detailed Transactions During FY 2015 -2016:

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

DATE	Amount	Source
07/01/15 - 06/30/16	-	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/15 - 06/30/16	-		Summary of Expenditures

Ending Balance at June 30, 2016:

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**FY 2015-16 Bank Account and Transparency Accountability Report
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Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Whitten Ctr Client Funds - Acct No. xxxxxxxxx2172
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 Collections Officer

Name: Tracy Long
Title: Fiscal Analyst

Name: Wes Leonard
Title: Facility Administrator

Reconciliation:

Name: Debbie Detroia
Title: Director of Finance - Whitten

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

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Whitten Ctr Client Funds - Acct No. 2000021012172

Beginning Balance at July 1, 2015:

80,394.01

Detailed Transactions During FY 2015 -2016:

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

DATE	Amount	Source
07/01/15 - 06/30/16	3,261,708.45	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/15 - 06/30/16	3,271,447.22		Summary of Expenditures

Ending Balance at June 30, 2016:

70,655.24

**FY 2015-16 Bank Account and Transparency Accountability Report
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Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Whitten Ctr Direct Deposit - Acct No. xxxxxxxxx2169
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 Collections Officer

Name: Tracy Long
Title: Fiscal Analyst

Name: Wes Leonard
Title: Facility Administrator

Reconciliation:

Name: Debbie Detroia
Title: Director of Finance - Whitten

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

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Whitten Ctr Direct Deposit - Acct No. 2000021012169

Beginning Balance at July 1, 2015:

0.67

Detailed Transactions During FY 2015 -2016:

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

DATE	Amount	Source
07/01/15 - 06/30/16	3,170,757.57	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/15 - 06/30/16	3,170,519.07		Summary of Expenditures

Ending Balance at June 30, 2016:

239.17

**FY 2015-16 Bank Account and Transparency Accountability Report
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Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Whitten Ctr Dedicated - Acct No. xxxxxxxxx2185
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 Collections Officer

Name: Tracy Long
Title: Fiscal Analyst

Name: Wes Leonard
Title: Facility Administrator

Reconciliation:

Name: Debbie Detroia
Title: Director of Finance - Whitten

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

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Whitten Ctr Dedicated - Acct No. 2000021012185

Beginning Balance at July 1, 2015:

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Detailed Transactions During FY 2015 -2016:

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

DATE	Amount	Source
07/01/15 - 06/30/16	-	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/15 - 06/30/16	-		Summary of Expenditures

Ending Balance at June 30, 2016:

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**FY 2015-16 Bank Account and Transparency Accountability Report
FY 2016-17 Appropriation Act, Proviso 117.83**

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Return Check - Acct No. xxxxxxxxx9231
Purpose of Account: Contigent Funding for Returned Checks

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: N/A
Title:

Reconciliation:

Name: Michelle Blanchfield
Title: Fiscal Analyst III

Name: Leann S. Miller
Title: Fiscal Manager

Name: Geneva Thomas
Title: Accounts Receivable

Name: Deloris Hill
Title: Accounts Payable

Financial Information

Return Check - Acct No. 2079900429231

Beginning Balance at July 1, 2015: 1,000.00

Detailed Transactions During FY 2015 -2016:

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

DATE	Amount	Source
7/1/2015 - 6/30/2016	10.00	Summary of Deposits

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

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2015 - 6/30/2016	10.00		Cover Bad Checks

Ending Balance at June 30, 2015: 1,000.00