

## FY 2024-25 Bank Account and Transparency Accountability Report

*Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act*

**Agency Name/Number:** SC Department of Disabilities and Special Needs/J106  
**Account Name:** Coastal Center - Acct No. xxxxxxxxx8494 (Operating)  
**Purpose of Account:** Client Funds

**Exemption Requested:** Yes ☒ No ☐  
**If exemption is requested, reason:**

**Exemption Approved in Prior Year:** Yes ☒ No ☐

### Authorized Personnel

#### **Check Writing/Withdrawal:**

Name: John Dooney  
Title: Facility Administrator

Name: Doris Piper  
Title: Administrator

#### **Reconciliation:**

Name: Lori McCurley  
Title: Director of Finance - Coastal Center

Name: Angela Ditolla  
Title: Fiscal Manager I - Central Office

### Financial Information

**Beginning Balance at July 1, 2024:** \$ 433,514.12

#### **Detailed Transactions During FY 2024-2025:**

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

Date	Amount	Source
07/01/2024 - 6/30/2025	37,124.30	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2024 - 6/30/2025	(299,146.07)		Summary of Expenditures

**Ending Balance at June 30, 2025:** \$ 171,492.35

## FY 2024-25 Bank Account and Transparency Accountability Report

*Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act*

**Agency Name/Number:** SC Department of Disabilities and Special Needs/J106  
**Account Name:** Coastal Center - Acct No. xxxxxxxxx9493 (Direct Deposit)  
**Purpose of Account:** Client Funds

**Exemption Requested:** Yes ☒ No ☐  
**If exemption is requested, reason:**

**Exemption Approved in Prior Year:** Yes ☒ No ☐

### Authorized Personnel

#### **Check Writing/Withdrawal:**

**Name:** John Dooney  
**Title:** Facility Administrator

**Name:** Doris Piper  
**Title:** Administrator

#### **Reconciliation:**

**Name:** Lori McCurley  
**Title:** Director of Finance - Coastal Center

**Name:** Angela Ditolla  
**Title:** Fiscal Manager I - Central Office

### Financial Information

**Beginning Balance at July 1, 2024:** \$ 11,469.96

#### **Detailed Transactions During FY 2024-2025:**

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

Date	Amount	Source
07/01/2024 - 6/30/2025	1,717,706.54	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2024 - 6/30/2025	(1,717,422.39)		Summary of Expenditures

**Ending Balance at June 30, 2025:** \$ 11,754.11

## FY 2024-25 Bank Account and Transparency Accountability Report

*Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act*

Agency Name/Number: SC Department of Disabilities and Special Needs/J106  
Account Name: Coastal Center - Acct No. xxxxxxxxx2428 (Dedicated)  
Purpose of Account: Client Funds

Exemption Requested: Yes ☒ No ☐  
If exemption is requested, reason:

Exemption Approved in Prior Year: Yes ☒ No ☐

### Authorized Personnel

#### Check Writing/Withdrawal:

Name: John Dooney  
Title: Facility Administrator

Name: Doris Piper  
Title: Administrator

#### Reconciliation:

Name: Lori McCurley  
Title: Director of Finance - Coastal Center

Name: Angela Ditolla  
Title: Fiscal Manager I - Central Office

### Financial Information

Beginning Balance at July 1, 2024: \$

#### Detailed Transactions During FY 2024-2025:

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

Date	Amount	Source
07/01/2024 - 6/30/2025	-	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2024 - 6/30/2025	-		Summary of Expenditures

Ending Balance at June 30, 2025: \$

## FY 2024-25 Bank Account and Transparency Accountability Report

*Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act*

**Agency Name/Number:**

SC Department of Disabilities and Special Needs/J106

**Account Name:**

Midlands Center - Acct No. xxxx8889 (Operating)

**Purpose of Account:**

Client Funds

**Exemption Requested:**

Yes

☒

No

**If exemption is requested, reason:**

**Exemption Approved in Prior Year:**

Yes

☒

No

### Authorized Personnel

#### **Check Writing/Withdrawal:**

Name:

John Dooney

Title:

Facility Administrator

Name:

Paul Justus

Title:

Procurement/Claims Officer

#### **Reconciliation:**

Name:

Tom Benton

Title:

Senior Accountant - GL

Name:

Angela Ditolla

Title:

Fiscal Manager I - Central Office

### Financial Information

**Beginning Balance at July 1, 2024:**

\$ 254,825.78

#### **Detailed Transactions During FY 2024-2025:**

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

Date	Amount	Source
07/01/2024 - 6/30/2025	241,246.43	Summary of Deposits

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

Date:	Amount	Payee	Purchase Description
07/01/2024 - 6/30/2025	(490,039.47)		Summary of Expenditures

**Ending Balance at June 30, 2025:**

\$ 6,032.74

## FY 2024-25 Bank Account and Transparency Accountability Report

*Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act*

**Agency Name/Number:** SC Department of Disabilities and Special Needs/J106  
**Account Name:** Midlands Center - Acct No. xxxx4539 (Direct Deposit)  
**Purpose of Account:** Client Funds

**Exemption Requested:** Yes ☒ No ☐  
**If exemption is requested, reason:**

**Exemption Approved in Prior Year:** Yes ☒ No ☐

### Authorized Personnel

#### **Check Writing/Withdrawal:**

**Name:** John Dooney  
**Title:** Facility Administrator

**Name:** Paul Justus  
**Title:** Procurement/Claims Officer

#### **Reconciliation:**

**Name:** Tom Benton  
**Title:** Senior Accountant - GL

**Name:** Angela Ditolla  
**Title:** Fiscal Manager I - Central Office

### Financial Information

**Beginning Balance at July 1, 2024:** \$ 23,242.72

#### Detailed Transactions During FY 2024-2025:

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

Date	Amount	Source
07/01/2024 - 6/30/2025	2,241,784.49	

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

Date	Amount	Payee	Purchase Description
07/01/2024 - 6/30/2025	(2,049,649.15)		Summary of Expenditures

**Ending Balance at June 30, 2025:** \$ 215,378.06

## FY 2024-25 Bank Account and Transparency Accountability Report

*Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act*

**Agency Name/Number:** SC Department of Disabilities and Special Needs/J106  
**Account Name:** Midlands Center - Acct No. xxxx9401 (Dedicated)  
**Purpose of Account:** Client Funds

**Exemption Requested:** Yes ☒ No ☐

**If exemption is requested, reason:**

**Exemption Approved in Prior Year:** Yes ☒ No ☐

### Authorized Personnel

#### **Check Writing/Withdrawal:**

**Name:** John Dooney  
**Title:** Facility Administrator

**Name:** Paul Justus  
**Title:** Procurement/Claims Officer

#### **Reconciliation:**

**Name:** Tom Benton  
**Title:** Senior Accountant - GL

**Name:** Angela Ditolla  
**Title:** Fiscal Manager I - Central Office

### Financial Information

**Beginning Balance at July 1, 2024:** \$

#### **Detailed Transactions During FY 2024-2025:**

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

Date	Amount	Source
07/01/2024 - 6/30/2025	-	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2024 - 6/30/2025	-		Summary of Expenditures

**Ending Balance at June 30, 2025:** \$

## FY 2024-25 Bank Account and Transparency Accountability Report

*Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act*

**Agency Name/Number:** SC Department of Disabilities and Special Needs/J106  
**Account Name:** Pee Dee Center - Acct No. xxxxxxxxx5306 (Operating)  
**Purpose of Account:** Client Funds

**Exemption Requested:** Yes ☒ No ☐  
**If exemption is requested, reason:**

**Exemption Approved in Prior Year:** Yes ☒ No ☐

### Authorized Personnel

#### **Check Writing/Withdrawal:**

**Name:** John Dooney  
**Title:** Director of Finance - Pee Dee Center

**Name:** Kedisha Ceo  
**Title:** Director of Support Services

#### **Reconciliation:**

**Name:** Renee (Darlene) Curtis  
**Title:** Fiscal Analyst I

**Name:** Angela Ditolla  
**Title:** Fiscal Manager I - Central Office

### Financial Information

**Beginning Balance at July 1, 2024:** \$ 808,175.20

#### **Detailed Transactions During FY 2024-2025:**

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

Date	Amount	Source
07/01/2024 - 6/30/2025	530,172.18	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2024 - 6/30/2025	(184,734.21)		Summary of Expenditures

**Ending Balance at June 30, 2025:** \$ 1,153,613.17

## FY 2024-25 Bank Account and Transparency Accountability Report

*Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act*

**Agency Name/Number:** SC Department of Disabilities and Special Needs/J106  
**Account Name:** Pee Dee Center - Acct No. xxxxxxxxx9480 (Direct Deposit)  
**Purpose of Account:** Client Funds

**Exemption Requested:** Yes ☒ No ☐

**If exemption is requested, reason:**

**Exemption Approved in Prior Year:** Yes ☒ No ☐

### Authorized Personnel

#### **Check Writing/Withdrawal:**

Name: John Dooney  
Title: Director of Finance - Pee Dee Center

Name: Kedisha Ceo  
Title: Director of Support Services

#### **Reconciliation:**

Name: Renee (Darlene) Curtis  
Title: Fiscal Analyst I

Name: Angela Ditolla  
Title: Fiscal Manager I - Central Office

### Financial Information

**Beginning Balance at July 1, 2024:** \$ 24,778.63

#### **Detailed Transactions During FY 2024-2025:**

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

Date	Amount	Source
07/01/2024 - 6/30/2025	2,658,876.14	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2024 - 6/30/2025	(2,653,339.97)		Summary of Expenditures

**Ending Balance at June 30, 2025:** \$ 30,314.80



## FY 2024-25 Bank Account and Transparency Accountability Report

*Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act*

**Agency Name/Number:** SC Department of Disabilities and Special Needs/J106  
**Account Name:** Pee Dee Center - Acct No. xxxxxxxxx1564 (Dedicated)  
**Purpose of Account:** Client Funds

**Exemption Requested:** Yes ☒ No ☐  
**If exemption is requested, reason:**

**Exemption Approved in Prior Year:** Yes ☒ No ☐

### Authorized Personnel

#### **Check Writing/Withdrawal:**

**Name:** John Dooney  
**Title:** Director of Finance - Pee Dee Center

**Name:** Kedisha Ceo  
**Title:** Director of Support Services

#### **Reconciliation:**

**Name:** Renee (Darlene) Curtis  
**Title:** Fiscal Analyst I

**Name:** Angela Ditolla  
**Title:** Fiscal Manager I - Central Office

### Financial Information

**Beginning Balance at July 1, 2024:** \$ -

#### Detailed Transactions During FY 2024-2025:

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

Date	Amount	Source
07/01/2024 - 6/30/2025	-	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2024 - 6/30/2025	-		Summary of Expenditures

**Ending Balance at June 30, 2025:** \$ -

## FY 2024-25 Bank Account and Transparency Accountability Report

*Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act*

**Agency Name/Number:** SC Department of Disabilities and Special Needs/J106  
**Account Name:** Whitten Center - Acct No. xxxxxxxxx2172 (Operating)  
**Purpose of Account:** Client Funds

**Exemption Requested:** Yes ☒ No ☐

**If exemption is requested, reason:**

**Exemption Approved in Prior Year:** Yes ☒ No ☐

### Authorized Personnel

#### **Check Writing/Withdrawal:**

**Name:** John Dooney  
**Title:** Claims and Collections Officer

**Name:** Tracy A Long  
**Title:** Fiscal Analyst

#### **Reconciliation:**

**Name:** Audrey Haulbrook  
**Title:** Director of Finance - Whitten

**Name:** Angela Ditolla  
**Title:** Fiscal Manager I - Central Office

### Financial Information

**Beginning Balance at July 1, 2024:** \$ 102,992.77

#### **Detailed Transactions During FY 2024-2025:**

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

Date	Amount	Source
07/01/2024 - 6/30/2025	98,281.33	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2024 - 6/30/2025	(115,141.31)		Summary of Expenditures

**Ending Balance at June 30, 2025:** \$ 86,132.79

## FY 2024-25 Bank Account and Transparency Accountability Report

*Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act*

**Agency Name/Number:** SC Department of Disabilities and Special Needs/J106  
**Account Name:** Whitten Center - Acct No. xxxxxxxxx2169 (Operating)  
**Purpose of Account:** Client Funds

**Exemption Requested:** Yes ☒ No ☐  
**If exemption is requested, reason:**

**Exemption Approved in Prior Year:** Yes ☒ No ☐

### Authorized Personnel

#### **Check Writing/Withdrawal:**

**Name:** John Dooney  
**Title:** Claims and Collections Officer

**Name:** Tracy A Long  
**Title:** Fiscal Analyst

#### **Reconciliation:**

**Name:** Audrey Haulbrook  
**Title:** Director of Finance - Whitten

**Name:** Angela Ditolla  
**Title:** Fiscal Manager I - Central Office

### Financial Information

**Beginning Balance at July 1, 2024:** \$ 50,481.69

#### **Detailed Transactions During FY 2024-2025:**

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

Date	Amount	Source
07/01/2024 - 6/30/2025	3,511,672.32	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2024 - 6/30/2025	(3,507,958.77)		Summary of Expenditures

**Ending Balance at June 30, 2025:** \$ 54,195.24

## FY 2024-25 Bank Account and Transparency Accountability Report

*Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act*

**Agency Name/Number:**

SC Department of Disabilities and Special Needs/J106

**Account Name:**

Whitten Center - Acct No. xxxxxxxxx2185 (Dedicated)

**Purpose of Account:**

Client Funds

**Exemption Requested:**

Yes ☒

No ☐

**If exemption is requested, reason:**

**Exemption Approved in Prior Year:**

Yes ☒

No ☐

### Authorized Personnel

#### **Check Writing/Withdrawal:**

Name:

John Dooney

Title

Claims and Collections Officer

Name:

Tracy A Long

Title:

Fiscal Analyst

#### **Reconciliation:**

Name:

Audrey Haulbrook

Title

Director of Finance - Whitten

Name:

Angela Ditolla

Title:

Fiscal Manager I - Central Office

### Financial Information

**Beginning Balance at July 1, 2024:**

\$ -

#### Detailed Transactions During FY 2024-2025:

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

Date	Amount	Source
07/01/2024 - 6/30/2025	-	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2024 - 6/30/2025	-		Summary of Expenditures

**Ending Balance at June 30, 2025:**

\$ -

## FY 2024-25 Bank Account and Transparency Accountability Report

*Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act*

**Agency Name/Number:**

SC Department of Disabilities and Special Needs/J106

**Account Name:**

Return Check - Acct No. xxxxxxxxx9231

**Purpose of Account:**

Return Checks

**Exemption Requested:**

Yes ☒

No ☐

**If exemption is requested, reason:**

**Exemption Approved in Prior Year:**

Yes ☒

No ☐

### Authorized Personnel

**Check Writing/Withdrawal:**

Name:

Title

Name:

Title:

**Reconciliation:**

Name:

Title

Name:

Title:

### Financial Information

**Beginning Balance at July 1, 2024:**

\$ (4,066.46)

### Detailed Transactions During FY 2024-2025:

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

Date	Amount	Source
07/01/2024 - 6/30/2025	-	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2024 - 6/30/2025	289.86		Summary of Expenditures

**Ending Balance at June 30, 2025:**

\$ (3,776.60)