

FY 2024-25 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.78 of the FY2025-26 Appropriations Act

Agency Name/Number: **South Carolina Department of Social Services - L040**
Account Name: **SCDSS/SDU Return Deposits**
Purpose of Account: **DSS Client Services**

Exemption Requested: Yes ☒ No ☐

If exemption is requested, reason:

Exemption Granted 10/30/12

Exemption Approved in Prior Year: Yes ☒ No ☐

Authorized Personnel

Check Writing/Withdrawal:

Name:	Betsy Cline	Curtis L. Loftis Jr.
Title	Controller	SC State Treasurer

Name:	Susan Roben	Don Grant III
Title:	Chief Financial Officer	Deputy State Director

Reconciliation:

Name:	Joyce Brown
Title	Fiscal Analyst III

Financial Information

Beginning Balance at July 1, 2024:

Detailed Transactions During FY 2024-2025:

Deposits:

Withdrawals:

Ending Balance at June 30, 2025:

FY 2024-25 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.78 of the FY2025-26 Appropriations Act

Agency Name/Number: South Carolina Department of Social Services - L040
Account Name: SCDSS/SDU Disbursements
Purpose of Account: DSS Client Services

Exemption Requested: Yes ☒ No ☐

If exemption is requested, reason:

Exemption Granted 10/30/12

Exemption Approved in Prior Year: Yes ☒ No ☐

Authorized Personnel

Check Writing/Withdrawal:

Name:	Betsy Cline	Curtis L. Loftis Jr.
Title	Controller	SC State Treasurer

Name:	Susan Roben	Don Grant III
Title:	Chief Financial Officer	Deputy State Director

Reconciliation:

Name:	Joyce Brown
Title	Fiscal Analyst III

Financial Information

Beginning Balance at July 1, 2024: \$ 3,507,154.98

Detailed Transactions During FY 2024-2025:

Deposits: \$ 104,794,284.35

Withdrawals: \$ 105,127,967.10

Ending Balance at June 30, 2025: \$ 3,173,472.23

FY 2024-25 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.78 of the FY2025-26 Appropriations Act

Agency Name/Number: South Carolina Department of Social Services - L040
Account Name: SSA/SSI Trust Account
Purpose of Account: Manage Constituents' SSA/SSI Benefit Payments

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

Exemption Approved in Prior Year: Yes ☐ No ☒

Authorized Personnel

Check Writing/Withdrawal:

Name:	Betsy Cline	Curtis L. Loftis Jr.
Title	Controller	SC State Treasurer
Name:	Susan Roben	Don Grant III
Title:	Chief Financial Officer	Deputy State Director
Name:	Christal Rush	
Title:	Assistant Controller	

Reconciliation:

Name: Rita Guzman
Title: Senior Accountant

Financial Information

Beginning Balance at July 1, 2024: \$ 4,419,017.46

Detailed Transactions During FY 2024-2025:

Deposits: \$ 4,182,281.59

Withdrawals: \$ 6,823,978.36

Ending Balance at June 30, 2025:

\$	1,777,320.69
----	--------------

FY 2024-25 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.78 of the FY2025-26 Appropriations Act

Agency Name/Number: South Carolina Department of Social Services - L040
Account Name: Epay Settlement Account (1739)
Purpose of Account: Reissue electronic benefit payments returned via direct deposit

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

Exemption Approved in Prior Year: Yes ☐ No ☒

Authorized Personnel

Check Writing/Withdrawal:

Name:	Betsy Cline	Curtis L. Loftis Jr.
Title	Controller	SC State Treasurer
Name:	Susan Roben	Don Grant III
Title:	Chief Financial Officer	Deputy State Director
Name:	Christal Rush	
Title:	Assistant Controller	

Reconciliation:

Name:	Rita Guzman
Title	Senior Accountant

Financial Information

Beginning Balance at July 1, 2024: \$ 376,441.56

Detailed Transactions During FY 2024-2025:

Deposits: \$ 163,546.45

Withdrawals: \$ 128,738.13

Ending Balance at June 30, 2025: \$ 411,249.88

FY 2024-25 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.78 of the FY2025-26 Appropriations Act

Agency Name/Number: South Carolina Department of Social Services - L040
Account Name: SCDSS/Midlands Region
Purpose of Account: DSS Client Services

Exemption Requested: Yes ☐ No ☒

If exemption is requested, reason:

Exemption Granted 10/30/12

Exemption Approved in Prior Year: Yes ☐ No ☒

Authorized Personnel

Check Writing/Withdrawal:

Name:	Betsy Cline	Curtis L. Loftis Jr.
Title	Controller	SC State Treasurer

Name:	Susan Roben	Don Grant III
Title:	Chief Financial Officer	Deputy State Director

Reconciliation:

Name:	Rita Guzman
Title	Senior Accountant

Financial Information

Beginning Balance at July 1, 2024: \$ -

Detailed Transactions During FY 2024-2025:

Deposits: \$ -

Withdrawals: \$ -

Ending Balance at June 30, 2025: \$ -

No Activity during FY 2024-25

FY 2024-25 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.78 of the FY2025-26 Appropriations Act

Agency Name/Number: South Carolina Department of Social Services - L040
Account Name: Coastal Carolina Natioanl Bank Senior Farmers Market Nutrition Progra
Purpose of Account: Cover Senior Farmer's Market program voucher redemptions, DSS Client Se

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

Exemption Approved in Prior Year: Yes ☐ No ☒

Authorized Personnel

Check Writing/Withdrawal:

Name: Curtis L. Loftis Jr.
Title SC State Treasurer

Name: Susan Roben Don Grant III
Title: Chief Financial Officer Deputy State Director

Reconciliation:

Name: Rita Guzman
Title Senior Accountant

Financial Information

Beginning Balance at July 1, 2024: \$ (994,429.00)

Detailed Transactions During FY 2024-2025:

Deposits: \$ 1,028,949.00

Withdrawals: \$ 1,531,220.00

Ending Balance at June 30, 2024: \$ (1,496,700.00)

m
rvices