AFFIDAVIT AND REVENUE CERTIFICATION

		1,		OFFICIAL
SICKLE CELL DISEASE	ASSOCIATION	OF AMERICA.	INC.	FILE COPY EN NOTYSEMBYET
Northwest Louisiana		CADDO	Parish	(Xerox necessar
	SHREVEPOR	RT (City)	Louisiana	copies from this
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ANDULAL CREODAL CIRLANDI	44 0=4==			8
ANNUAL SWORN FINANCIA CERTIFICATION OF REVE			annlicable)	
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The annual sworn financial s	tatements are	required by L	ouisiana Revise	ed Statute 24:514 to be
filed with the Legislative A Certification of Revenues \$	uditor within s 50,000 or les	90 days attel s if applicab	the close of	the fiscal year. The
Statute 24:513(I)(1)(c)(i).		o, n apphead	ic, is required	by Louisiana Reviseu
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		******	*****	************
Personally came and appear	ed before the u	ındersigned aı	uthority, JANIE	L. SAMUELS
Personally came and appeared DURWOOD HENDRICKS, JR (name), who, di	uly sworn, dep	oses and says	that the financial
Statements herewith given propositions for the contract of the	esent tairly the	tinancial posit	tion of SICKLE	CELL DISEASE ASSOCIATION
operations for the year then e	ended, in accor	dance with the	basis of accou	, and the results of Inting described within
the accompanying financial s	tatements.			and described within
(Complete if applicable)				
In addition, JANIE SAMUELS &	DURWOOD HEN	DRICKS, JR (r	name), who, dul	y sworn, deposes and
says that SCDAA, NLC		(er	ntity name) rece	ived \$50,000 or less in
revenues and other sources fair not required to have an aud			<u>30 </u>	20 <u>04</u> , and accordingly,
is not required to have all aut	ar for the brevi	ously medition	ed year.	A
		/J.	russel)	melin/h.
			Signat	ure (entity)
		-4k _		• • • • • • • • • • • • • • • • • • •
Sworn to and subscribed before	ore me this <u>/S</u>	day of Se	stamper, 20	04. (°)
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$\mathcal{N}_{\mathcal{A}}$	chia N	Sant	#35590	
<u>v</u>			ignature & Seal	
		•		
************			*****	
		-	ete this Section	•
	Officer Name	INTERIM T	ENDRICKS, JR.	
	Title Address		<u> </u>	
	Address	1960 MILA SHREVEPOR	M STREET T, LA 71103	
der provisions of state law, this repol ument. Acopy of the report has been s	THE SHEET ALL			
entity and other appropriate public of	fficials. The	-(JEO) 200-	-2201	
ort is available for public inspection a uge office of the Legislative Auditor i				
propriate, at the office of the parish cle	· ·			

Release Date <u>9-22-04</u>



SICKLE CELL DISEASE ASSOCIATION OF AMERICA, INC. NORTHWEST LOUISIANA CHAPTER

3658 Judson Street Shreveport, Louisiana 71109 (318) 636-5300 Fax (318) 636-5382

June 30, 2004,

Contract CFMS # 539351, DHH # 17377

FINANCIAL REPORT

July 1, 2003 thru June 30, 2004

This budget reflects the yearly financial report compiled and sent to the State of Louisiana Department of Health and Hospitals for the Grant received for the period indicated above.

Balance Brought Forward

-0-

State Grant	\$ 49,500.00
Expenditures:	
Personnel Service Payroll	38,500.00
Related Benefits	2,983.00
Supplies	3,981.82
Professional Services	1,200.00
Capital Assets	2,018.18
Administrative	817.00
TOTAL EXPENDITURES	49,500.00
ENDING BALANCE	-0-

Submitted by: Tielie & Bradfard

Lillie J. Bradford, Executive Director