

STATE GRANT COMPLIANCE REPORTING

Report Template B: Please use this reporting template for the END OF YEAR report

1. Organization:	
Organization Name:	A Touch of the Father's Love, Inc.
Organization Tax ID #:	80-1753276
Project/Activity Title:	Building Purchase
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	December 31, 2022
Mailing Address (street, city, state, zip code):	4276 Loop Road, Nashville, NC 27856
Phone Number (area code + number):	252-377-2209
Fax Number (area code + number):	n/a
Contact Person:	April Baker
Contact Person Title:	Executive Director
E-Mail Address:	April.godsgirl@gmail.com

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Pat Ellis Daniels	Board Chair (volunteer)	
Phone Number: 252-813-3954		

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
<i>Separate page attachment provided</i>	

4. What restrictions are placed upon the grant by the grant award document? If the grant award document does not identify specific restrictions, please identify the intended use of the grant funds as included in the award document.			
<u>Restrictions:</u> The grant will be used to help purchase a building for a permanent operational location in Nash County. The Pantry currently operates out of a leased building.			
5. Does the organization have a Conflict of Interest policy?	<input checked="" type="checkbox"/> x	<input type="checkbox"/> yes	<input type="checkbox"/> no
6. Is the organization a for profit entity?	<input type="checkbox"/>	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> x no

7. Did the organization subgrant or pass down any funds to another organization?			
<input type="checkbox"/> yes <input checked="" type="checkbox"/> x no			
If yes, answer the following:			
a. Name of Subgrantee	b. Program Name	c. Amount Subgranted	

8. Program Activities and Accomplishments:
Recipient must complete and submit a separate Program Activities and Accomplishments Report, detailing the program name, the original goals of each program, and a brief narrative of program accomplishments for each funded program. This information is required of all recipients of state funding in an amount greater than or equal to \$25,000.

SCHEDULE OF RECEIPTS AND EXPENDITURES

Report Template C: Please use this reporting template for the END OF YEAR report

9. Organization:	
Organization Name:	A Touch of the Father's Love, Inc.
Organization Tax ID#:	80-0753276
Organization Fiscal Year End:	December 31, 2022
Mailing Address (street, city, state, zip code):	4276 Loop Road, Nashville, NC 27856
Phone Number (area code + number):	252-377-2209
Fax Number (area code + number):	n/a
Contact Person:	April Baker
Contact Person Title:	Executive Director
E-Mail Address:	April.godsgirl@gmail.com

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
DHHS	Building Purchase	\$250,000
b. Expenditures		
Category	Dollar Amount	
Personnel		
Contracted Services		
(a)Total Personnel/Contracted Svcs Costs:		
Office Supplies & Materials		
Service Related Supplies		
(b)Total Supplies & Material Costs:		
Travel		
Communications & Postage		
Utilities		
Printing & Binding		
Repair & Maintenance		
Meeting/Conference Expense		
Employee Training (no travel)		
Classified Advertising		
In-State Board Meeting Expenses		
(c)Total Non-Fixed Operating Expense:		
Office Rent (Land, Buildings, etc.)		
Furniture Rental		
Equipment Rental (Phones, Computers, etc.)		
Vehicle Rental		
Dues & Subscriptions		
Insurance & Bonding		
Books/Library Reference Materials		
Mortgage Principal, Interest and Bank Fees		
(d)Total Fixed Charges & Other Expenses:		
Buildings & Improvements		
Leasehold Improvements		
Furniture/Non-Computer Equip., \$500+ per item		
Computer Equipment/Printers, \$500+ per item		
Furniture/Equip., under \$500 per item		
(e)Total Property & Equipment Outlay:		
Purchase of Services		

Contracts with Service Providers	
Stipends/Scholarships/Bonuses/Grants	
(f)Total Services/Contracts:	
Food	
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
(g)Total Other Expenses:	
Total Expenditures (sum a through g)	0 (none spent as of 6/30/2022)

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	\$250,000
End of the year cash balance	\$250,000

NOTE: If total receipts, expenditures, beginning or ending unexpended grant balance available for expenditures is \$500,000 or more, an audit is required *by G.S. 143C-6-23*.

If there are any questions, please contact the Contract Administrator.

PROGRAM ACTIVITIES AND ACCOMPLISHMENTS REPORT
Report Template D: Please use this reporting template for the END OF YEAR report

Recipient Name:	A Touch of the Father's Love, Inc.
Recipient Tax ID #	80-0753276
Project/Activity Title:	Building Fund
Recipient's Fiscal Year End:	December 31, 2022
Report Completion Date:	June 30, 2022
Preparer of This Report:	Pat Daniels for Executive Director April Baker

1. What were the original goals and expectations for the activity supported by this grant?

The Pantry will use the grant to help purchase a building which will be its permanent location in Nash County. It currently operates out of a leased building and is required to relocate by December 2022 due to new property ownership.

2. If applicable, how have those goals and expectations been revised or refined during the course of the project?

The Pantry's leadership efforts are ongoing to locate the right property for its mission and operation. Executive Director April Baker and the Board of Directors are aware this state grant must be used by June 30, 2023.

3. What has the activity accomplished with these grant funds? Please include specific information including facts and statistics to support conclusions and judgments about the activity's impact.

Pending use of grant funds as of June 30, 2022

4. If the activity is a continuing one, briefly summarize future plans and funding prospects.

The Pantry's Leadership efforts are ongoing to locate the right property for its mission and operation. Executive Director April Baker and the Board of Directors are aware this state grant must be used by June 30, 2023.

If there are any questions, please contact the Contract Administrator.



EIN #80-0753276

2022 Board of Directors

(3/7/2022)

April Baker, Founder & Executive Director
A Touch of the Father's Love Inc. Ministry & Food Pantry,
Pantry Location: 522 E. Nash Street, Spring Hope 27882

Mailing Address: 4276 Loop Road, Nashville, NC 27856
Email: april.godsgirl@gmail.com; Cell: 252-377-2209; www.atouchofthefatherslove.org

Danny Whitman, Nash Co. Government, Nashville

Patricia Bernarz, Food Lion Eastern NC Area, Kenly

Todd Hinson, Allegra Printing, Rocky Mount

Betty Jo Shephard, Staff for Congressman Richard Burr, Tarboro

Pat Daniels, Nashville (Board Chair)

Johnny Bass, Bass Business Solutions, Elm City

Sheila Beddingfield, Board Treasurer, Nashville

Gwen Williams, Board Secretary, Rocky Mount

Advisor: Rebecca Parks, CPA & Financial Advisor, Overman & Parks CPAs, 4051
Capital Drive, Rocky Mount, 27804

Executive Director April Baker

