

STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	
Organization Name:	Aces for Autism
Organization Tax ID #:	47-1634440
Project/Activity Title:	Directed Grant
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	December 2022
Mailing Address (street, city, state, zip code):	PO BOX 3986 Greenville, NC 27836
Phone Number (area code + number):	252-689-6645
Fax Number (area code + number):	252-364-8759
Contact Person:	Kyle Robinson
Contact Person Title:	CEO
E-Mail Address:	info@acesforautismnc.com

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Kyle Robinson	YES	
Phone Number: 843-408-6870		

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
Keith Styron	President
Tilwanda Steinberg	Treasurer
Robert DeSoto	Member
Melissa Lebo	Member
Bobbie Robinson	Member

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.			
Restrictions: State funded program provides early intervention to 15 – 20 young children annually in pre-school classroom setting. Student outcome data are based on pre and post assessments on measures that address core autism deficits. In addition, regular parent training classes and monthly parent caregiver included.			
5. Does the organization have a Conflict of Interest policy?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
6. Is the organization a for profit entity?	<input type="checkbox"/> yes	<input type="checkbox"/> no	

7. Did the organization subgrant or pass down any funds to another organization?			
<input type="checkbox"/> yes <input type="checkbox"/> 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:	Aces for Autism
Organization Tax ID#:	47-1634440
Organization Fiscal Year End:	December 2022
Mailing Address (street, city, state, zip code):	PO BOX 3986 Greenville, NC 27836
Phone Number (area code + number):	252-689-6645
Fax Number (area code + number):	252-364-8759
Contact Person:	Kyle Robinson
Contact Person Title:	CEO
E-Mail Address:	info@acesforautismnc.com

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
Aces for Autism	Directed Grant	\$100,000
b. Expenditures		
Category	Dollar Amount	
Personnel	\$67,859	
Contracted Services		
(a)Total Personnel/Contracted Svcs Costs:		
Office Supplies & Materials	\$12,400	
Service Related Supplies		
(b)Total Supplies & Material Costs:		
Travel		
Communications & Postage		
Utilities		
Printing & Binding	\$2,100	
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.)	\$3,140	
Vehicle Rental		
Dues & Subscriptions	\$4,687	
Insurance & Bonding		
Books/Library Reference Materials		
Mortgage Principal, Interest and Bank Fees	\$4,214	
(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	\$5,600	
(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)	\$100,000

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	\$100,000
End of the year cash balance	\$0

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:	Aces for Autism
Recipient Tax ID #	47-1634440
Project/Activity Title:	Directed Grant
Recipient's Fiscal Year End:	December 2021
Report Completion Date:	July 14 th 2022
Preparer of This Report:	Kyle Robinson
<p>1. What were the original goals and expectations for the activity supported by this grant? The program goal was to provide a pre-school type setting for children with autism ages 3 – 6 years old. Student outcome data were based on pre and post assessments on measures that address core autism deficits. Of the 16 children attending, 14 needed less individual support prior to starting.</p>	
<p>2. If applicable, how have those goals and expectations been revised or refined during the course of the project? NA</p>	
<p>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.</p> <p>9 of the children in the program will be going on to school (kindergarten) for the first-time next year. 5 of the 9 children will be able to be mainstreamed into a general education classroom. The other 4 children made significant progress and will be able to adapt more easily to the multiple transitions that occur in a school setting.</p>	

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

We are continuing the program through the summer and into next year. Our hope is to expand on this year's success by securing a larger space to serve more children. We will continue holding fundraisers and advocate for support from the legislature. It is important due to the lack of resources in region.

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