

# STATE GRANT COMPLIANCE REPORTING

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

<b>1. Organization:</b>	
Organization Name:	Ashe Memorial Hospital
Organization Tax ID #:	56-0603900
Project/Activity Title:	Directed Grant
Reporting Period:	<b>July 1, 2021 through June 30, 2022</b>
Organization Fiscal Year End:	December 31, 2022
Mailing Address (street, city, state, zip code):	200 Hospital Avenue, Jefferson, NC 28640
Phone Number (area code + number):	336-846-0785
Fax Number (area code + number):	336-846-0746
Contact Person:	Becky Pearson
Contact Person Title:	Grants Administrator
E-Mail Address:	Becky.pearson@ashememorial.org

<b>2. Preparer:</b> [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Becky Pearson	X Grants Administrator	
Phone Number: 336-846-0785		

<b>3. Please provide a list of the Organization's Board Members.</b> [ADD ADDITIONAL PAGES, IF NEEDED]	
<b>Name of Board Member</b>	<b>Board Member Title</b>
See Attached	

<b>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.</b>			
The grantee intends to use funds to purchase high fidelity simulation mannequins to enhance learning and educational opportunities of the AMH clinical staff, health care providers, and community partners throughout the county such as the Community Paramedic Program and Ashe County Schools.			
<b>5. Does the organization have a Conflict of Interest policy?</b>	X	yes	no
<b>6. Is the organization a for profit entity?</b>		yes	X no

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

<b>8. Program Activities and Accomplishments:</b>
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**

<b>9. Organization:</b>	
Organization Name:	Ashe Memorial Hospital
Organization Tax ID#:	56-0603900
Organization Fiscal Year End:	December 31, 2022
Mailing Address (street, city, state, zip code):	200 Hospital Avenue, Jefferson, NC 28640
Phone Number (area code + number):	336-846-7101
Fax Number (area code + number):	336-846-0746
Contact Person:	Becky Pearson
Contact Person Title:	Grants Administrator
E-Mail Address:	<a href="mailto:Becky.pearson@ashememorial.org">Becky.pearson@ashememorial.org</a>

<b>a. Receipts</b>		
<b>Funding State Agency</b>	<b>Grant Title</b>	<b>Total Receipts</b>
DHHS	Directed Grant	<b>\$125,000</b>
<b>b. Expenditures</b>		
<b>Category</b>	<b>Dollar Amount</b>	
Personnel		
Contracted Services		
<b>(a)Total Personnel/Contracted Svcs Costs:</b>		
Office Supplies & Materials		
Service Related Supplies		
<b>(b)Total Supplies &amp; Material Costs:</b>		
Travel		
Communications & Postage		
Utilities		
Printing & Binding		
Repair & Maintenance		
Meeting/Conference Expense		
Employee Training (no travel)		
Classified Advertising		
In-State Board Meeting Expenses		
<b>(c)Total Non-Fixed Operating Expense:</b>		
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		
<b>(d)Total Fixed Charges &amp; Other Expenses:</b>		
Buildings & Improvements		
Leasehold Improvements		
Furniture/Non-Computer Equip., \$500+ per item	<b>\$72,913</b>	
Computer Equipment/Printers, \$500+ per item		
Furniture/Equip., under \$500 per item		
<b>(e)Total Property &amp; Equipment Outlay:</b>		
Purchase of Services		

Contracts with Service Providers	
Stipends/Scholarships/Bonuses/Grants	
<b>(f)Total Services/Contracts:</b>	
Food	
Other (provide description here): Administrative expenses (e.g. overhead and project management)	
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
<b>(g)Total Other Expenses:</b>	
<b>Total Expenditures (sum a through g)</b>	<b>\$72,913</b>

**Unexpended cash balance (do NOT use with reimbursement grants)**

Beginning of the year cash balance	<b>\$125,000</b>
End of the year cash balance	<b>\$52,087</b>

**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:	Ashe Memorial Hospital
Recipient Tax ID #	56-0603900
Project/Activity Title:	Directed Grant
Recipient's Fiscal Year End:	December 31,2022
Report Completion Date:	6.30.2022
Preparer of This Report:	Becky Pearson, Grants Administrator
<p><b>1. What were the original goals and expectations for the activity supported by this grant?</b></p> <p>The original goals and expectations were to purchase one high-fidelity simulator in the adult size, and one in the infant size. This equipment is expected to be used during certification courses such as Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) and Neonatal Resuscitation (NRP). Regular in-services will be held for staff, health care providers and scheduled events with community partners. Training opportunities will be offered during Camp Med with student groups interested in working in the healthcare field.</p>	
<p><b>2. If applicable, how have those goals and expectations been revised or refined during the course of the project?</b></p> <p>N/A. Equipment is not yet available for use.</p>	
<p><b>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.</b></p> <p>The first payment of directed grant funds has enabled Ashe Memorial Hospital to proceed with ordering the adult simulator from Gaumard. Purchase of equipment from this company who specialize in simulators for health care education will include access to training webinars, preventative maintenance on the equipment, software updates, and overall customer support. The simulator is expected to arrive mid-August. The second simulator, the infant, will be ordered in the fall.</p>	
<p><b>4. If the activity is a continuing one, briefly summarize future plans and funding prospects.</b></p> <p>The equipment acquisition will be a one-time purchase, however the educational programming will take place perennially. Initial plans include using the simulators for clinician education internally as well as inviting community groups to the hospital to take place in trainings.</p>	

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





# Ashe Memorial Hospital

## Board of Trustees 2002

<b>Jane Lonon, CHAIRPERSON</b> <a href="mailto:jlashearts@gmail.com">jlashearts@gmail.com</a> Occupation: Retired	<b>James Gambil, MEMBER AT LARGE</b> <a href="mailto:jjjjgambill@live.com">jjjjgambill@live.com</a> Occupation: Retired
<b>Kyle Hall, SECRETARY</b> <a href="mailto:kyleshall@outlook.com">kyleshall@outlook.com</a> Occupation: Retired	<b>Charles W. Jones, MD, MEMBER AT LARGE</b> <a href="mailto:dcbjones@skybest.com">dcbjones@skybest.com</a> Occupation: MD, General Surgeon
<b>Martin Little, 1<sup>st</sup> VICE CHAIR</b> <a href="mailto:mlittle@golifystore.com">mlittle@golifystore.com</a> Occupation: President, Life Store Bank	<b>Greg Bower, RPh, TREASURER</b> <a href="mailto:Gregandnancyrx1112@yahoo.com">Gregandnancyrx1112@yahoo.com</a> Occupation: Pharmacist, Jefferson Drugs
<b>Karen Powell, 2<sup>nd</sup> VICE CHAIR</b> <a href="mailto:Karen.powell@skyline.org">Karen.powell@skyline.org</a> Occupation: Public Relations Administrator, Skyline	<b>Edward J. Miller, MD</b> <a href="mailto:nancynej@skybest.com">nancynej@skybest.com</a> Occupation: MD, Mount Jefferson Family Medicine
<b>Horace Thompson</b> <a href="mailto:horacensue@skybest.com">horacensue@skybest.com</a> Occupation: Retired	<b>Stephen Shoemaker</b> <a href="mailto:shoethree@skybest.com">shoethree@skybest.com</a> Occupation: Artist
<b>CB Jones</b> <a href="mailto:cbjones@skybest.com">cbjones@skybest.com</a> Occupation: Physicians Assistant, Mount Jefferson Family Medicine	<b>Sue Hampton</b> <a href="mailto:suemhampton@gmail.com">suemhampton@gmail.com</a> Occupation: Retired
<b>Eisa Cox, EdD</b> <a href="mailto:Eisa.cox@ashe.k12.nc.us">Eisa.cox@ashe.k12.nc.us</a> Occupation: Superintendent of Schools, Ashe County, North Carolina	<b>David Price</b> <a href="mailto:D59price@gmail.com">D59price@gmail.com</a> Occupation: Retired
<b>Will Vannoy</b> <a href="mailto:Will.vannoy@jrvannoy.com">Will.vannoy@jrvannoy.com</a> Occupation: CFO, Vannoy Construction Company	<b>Walter E. Davis, MD</b> <a href="mailto:walteronc@gmail.com">walteronc@gmail.com</a> Occupation: Retired