

# STATE GRANT COMPLIANCE REPORTING

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

<b>1. Organization:</b>	
Organization Name:	Blue Ridge Opportunity Commission, Inc.
Organization Tax ID #:	56-0857800
Project/Activity Title:	Emergency Assistance Service
Reporting Period:	<b>July 1, 2021 through June 30, 2022</b>
Organization Fiscal Year End:	6-30-2022
Mailing Address (street, city, state, zip code):	710 Veterans Drive North Wilkesboro, NC 28659
Phone Number (area code + number):	336-667-7174
Fax Number (area code + number):	336-667-5920
Contact Person:	Dare Stromer
Contact Person Title:	Executive Director
E-Mail Address:	brocds@brocinc.com

<b>2. Preparer:</b> [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input type="checkbox"/>	Employee	<input type="checkbox"/>	CPA/Accountant
Name of Preparer: Dare Stromer	Employee			
Phone Number: 336-667-7174				

<b>3. Please provide a list of the Organization's Board Members.</b> [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
Andy Soots	Chair
Joseph Kilby	Vice-Chair
Paula Perry	Secretary
Larry Reavis	Treasure
Michael Parsons	Assist. Treasurer
Mike Testerman	Wilkes Low-income Representative
Michael Parlier	Alleghany Low-Income Representative
Sylvia Miller	Ashe Low-income Representative
Jack Joines	Board Member
Gary Parlier	Board Member
Michael Parlier	Board Member
Tina Evans	Board Member
Agnes Joines	Board Member
Gaye Swaim	Board Member
Brain Minton	Board Member
Sharon Richardson	Board Member
Jonathan Jordan	Board Member
Dale Baldwin	Board Member
James Parsons	Board Member
Kim Barnes	Board Member
Shirley Farmer	Board Member

<b>4.</b> 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>			
NA			
<b>5.</b> Does the organization have a Conflict of Interest policy?	x	yes	no

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

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

## SCHEDULE OF RECEIPTS AND EXPENDITURES

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

9. Organization:	
Organization Name:	Blue Ridge Opportunity Commission, Inc.
Organization Tax ID#:	56-0857800
Organization Fiscal Year End:	6-30-2022
Mailing Address (street, city, state, zip code):	710 Veterans Drive North Wilkesboro, NC 28659
Phone Number (area code + number):	336-667-7174
Fax Number (area code + number):	336-667-7174
Contact Person:	Dare Stromer
Contact Person Title:	Executive Director
E-Mail Address:	brocds@brocinc.com

a. Receipts		
Funding State Agency	Grant Title: Directed Grant	Total Receipts
		<b>\$100,000.00</b>
b. Expenditures		
Category	Dollar Amount	
Personnel		
Contracted Services		
<b>(a)Total Personnel/Contracted Srvcs 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		
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):	
Other (provide description here): Fuel	<b>548.88</b>
Other (provide description here):	
Other (provide description here):	
<b>(g)Total Other Expenses:</b>	
<b>Total Expenditures (sum a through g)</b>	

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

Beginning of the year cash balance	<b>100,000.00</b>
End of the year cash balance	<b>99,451.12</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:	Blue Ridge Opportunity Commission, Inc
Recipient Tax ID #	56-0857800
Project/Activity Title:	Electricity, Rental, Heating Fuel and Food Assistance
Recipient's Fiscal Year End:	6-30-2022
Report Completion Date:	6-30-2022
Preparer of This Report:	Dare Stromer

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

**Assist clients using the funds with electrical assistance, rental assistance, heating fuel.**

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

**No**

**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.**

**Provided an elderly person with fuel in the mountain county to be in a warm home**

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

**In July the agency has starting using funds from the Direct Grant for rent and electricity.**

**The agency had funds that needed to be spent by 6-30-2022.**

**In October will starting providing fuel for the elderly in the mountains counties.**

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