

STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	
Organization Name:	Baptist Children's Homes of NC, Inc.
Organization Tax ID #:	56-0547499
Project/Activity Title:	Directed Grant
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	September 30th
Mailing Address (street, city, state, zip code):	204 Idol Dr. PO Box 338 Thomasville, NC 27360
Phone Number (area code + number):	336-474-1215
Fax Number (area code + number):	336-887-0312
Contact Person:	Keith Henry
Contact Person Title:	Chief Operating Officer
E-Mail Address:	khenry@bchfamily.org

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Martha Surratt	x	
Phone Number: 336-474-1261		

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

<p>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. The grant funds are being used to offer a variety of programs in the area of foster care, adoption, teen mothers, expectant mothers, at-risk youth and adults. These often-marginalized populations will participate in one of the many programs which BCH offers to provide training and stability in an effort to bring hope and healing to their lives.</p> <p><u>Restrictions: No restrictions other than the purpose stated above.</u></p>				
5. Does the organization have a Conflict of Interest policy?	X	yes		no
6. Is the organization a for profit entity?		yes	X	no

7. Did the organization subgrant or pass down any funds to another organization?			<input type="checkbox"/>	yes	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:	Baptist Children's Homes of NC, Inc.
Organization Tax ID#:	56-0547499
Organization Fiscal Year End:	September 30th
Mailing Address (street, city, state, zip code):	204 Idol Dr. PO Box 338 Thomasville, NC 27360
Phone Number (area code + number):	336-474-1215
Fax Number (area code + number):	336-887-0312
Contact Person:	Keith Henry
Contact Person Title:	Chief Operating Officer
E-Mail Address:	khenry@bchfamily.org

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
DHHS	Directed Grant	\$1,000,000
b. Expenditures		
Category	Dollar Amount	
Personnel	\$833,262	
Contracted Services		
(a)Total Personnel/Contracted Svcs Costs:	\$833,262	
Office Supplies & Materials	\$13,191	
Service Related Supplies	\$41,789	
(b)Total Supplies & Material Costs:	\$54,980	
Travel		
Communications & Postage		
Utilities (and phone, utilities, lease)	\$74,308	
Printing & Binding		
Repair & Maintenance		
Meeting/Conference Expense		
Employee Training (no travel)		
Advertising		
In-State Board Meeting Expenses		
(c)Total Non-Fixed Operating Expense:	\$74,308	
Office Rent (Land, Buildings, etc.)		
Furniture Rental		
Equipment Rental (Computers, etc.)		
Vehicle Rental		
Dues & Subscriptions		
Insurance & Bonding		
Books/Library Reference Materials		
Mortgage Principal, Interest and Bank Fees		
(d)Total Fixed Charges & Other Expenses:	\$37,450 (overhead, project mgmt.)	
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)	\$1,000,000

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	\$1,000,000
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:	Baptist Children's Homes of NC, Inc.
Recipient Tax ID #	56-0547499
Project/Activity Title:	Directed Grant
Recipient's Fiscal Year End:	September 30 th
Report Completion Date:	7/8/2022
Preparer of This Report:	Martha Surratt
1. What were the original goals and expectations for the activity supported by this grant? <p>The original goal was to use the grant funds to offer a variety of programs in the area of foster care, adoption, teen mothers, expectant mothers, at-risk youth and adults. These often-marginalized populations will participate in one of the many programs which BCH offers to provide training and stability in an effort to bring hope and healing to their lives. The programs offered are:</p> <ul style="list-style-type: none"> -Family foster care -Family care for single mothers -Home for teen mothers and babies -Home for moms who have chosen adoption for their child -Adoption services and care for expectant mothers 	
2. If applicable, how have those goals and expectations been revised or refined during the course of the project? <p>The goals and expectations have not changed.</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.

Foster Children served - 312

Foster homes served & trained: 193

Foster Homes licensed: 80

Teen Mothers & Babies: Mothers: 5: Babies: 4

Expectant/Birth Moms: 61

Adoptions: 44

At Risk Youth: Residential: 184, Foster Care: 312

Based on our previous metrics thus far, we continue to believe that BCH is in a unique position to recruit and train families within our network that provides access to a previously untapped resource that benefits our foster care system. We will continue our expansion efforts using our statewide network to recruit and train foster parents, provide resources for single and teen mothers, as well as resources for women that have chosen adoption for their child.

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

Baptist Children's Homes will continue to grow the network and infrastructure needed to continue the expansion of services across North Carolina. This will be specifically targeted toward services for children in the foster care system, teen mother/baby, expectant/birth moms, and at-risk youth.

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



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2022

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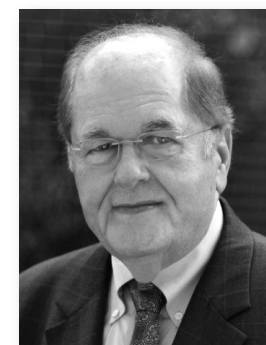
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Sam Barefoot, Senior VP; Bond Kiser, VP Staff Engagement and Compliance; Bill Chaisson, Treasurer



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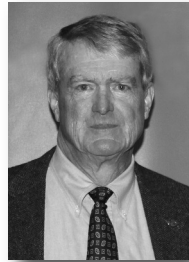


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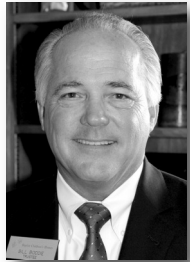


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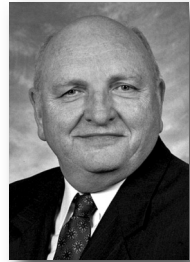




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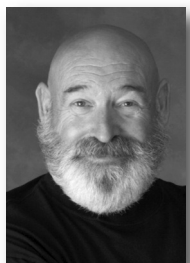
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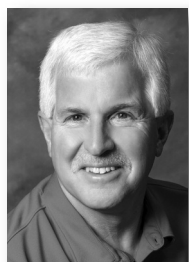
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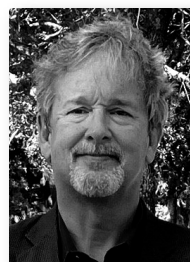
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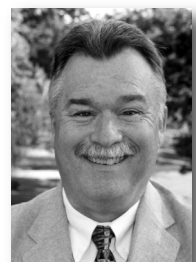
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