

STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	
Organization Name:	Cabarrus Cooperative Christian Ministry (CCM)
Organization Tax ID #:	56-1320818
Project/Activity Title:	Directed Grant
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	June 30, 2022
Mailing Address (street, city, state, zip code):	246 Country Club Drive NE Concord, NC 28025
Phone Number (area code + number):	704-918-1485
Fax Number (area code + number):	
Contact Person:	Jeremy Burleson
Contact Person Title:	Chief Relationship Officer
E-Mail Address:	jburleson@cooperativeministry.com

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Jeremy Burleson	X	
Phone Number: 704-918-1485		

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
Marcella Beam (President)	Chief Community Health Officer
Edison McCrea (Vice President)	Business Consultant
Mark Novasad (Treasurer)	Project Superintendent
Justin Thibault (Secretary)	IT Project Leader
LeDerick Blackburn	Assistant City Manager
Rev. Nancy Cox	Rector
Leslie Eagle	IT Manager
Joe Eaton	Chief Strategist
Nancy Friend	Director of Outreach
Crystal Hill	Assistant Superintendent
Asha Rodriguez	Facility Executive
Irene Sacks	Director of Community Outreach
Erin Shoe	Deputy Chief Health Officer
Doug Stafford	Owner & Principal
Jacqueline Tucker	Lead Buyer
Terry Wise	Pastor
Gwen Stowers	Outreach Pastor

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:				
5. Does the organization have a Conflict of Interest policy?	X	yes		no
6. Is the organization a for profit entity?		yes	X	no

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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:
<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:	Cabarrus Cooperative Christian Ministry (CCM)
Organization Tax ID#:	56-1320818
Organization Fiscal Year End:	June 30, 2022
Mailing Address (street, city, state, zip code):	246 Country Club Drive NE Concord, NC 28025
Phone Number (area code + number):	704-918-1485
Fax Number (area code + number):	
Contact Person:	Jeremy Burleson
Contact Person Title:	Chief Relationship Officer
E-Mail Address:	jburlson@cooperativeministry.com

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
NC-DHHS	Directed Grant	\$40,000
b. Expenditures		
Category	Dollar Amount	
Personnel	\$40,000	
Contracted Services		
(a)Total Personnel/Contracted Srvcs 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)	\$40,000

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	\$40,000
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:	Cabarrus Cooperative Christian Ministry (CCM)
Recipient Tax ID #	56-1320818
Project/Activity Title:	Directed Grant
Recipient's Fiscal Year End:	June 30, 2022
Report Completion Date:	July 29, 2022
Preparer of This Report:	Jeremy Burleson
<p>1. What were the original goals and expectations for the activity supported by this grant? CCM's mission remains to meet members of our community where they are, address their current crisis and empower them to move from crisis to restoration. CCM accomplishes this mission with a focus on: relieving hunger and food insecurity, administering financial assistance and addressing homelessness and housing crisis. This grant was designed and allocated to offset staff salary expenses, and it therefore accomplished that goal.</p>	
<p>2. If applicable, how have those goals and expectations been revised or refined during the course of the project? Not applicable. Goals remained the same</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. By supporting staff salary expenses via this grant, CCM has continued to serve individuals and families throughout Cabarrus County and the entire city of Kannapolis. Our primary focus is one and two parent families with children, though we also serve single adults and seniors, who are often responsible for caring for one or more grandchildren. During this annual reporting period, CCM served the following number of individuals through our programs:</p> <ul style="list-style-type: none"> - Food Program – 51,132 individuals - Financial Assistance – 3,421 individuals - Housing – 42 families - Education & Support Services – 6 families (22 individuals) 	

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

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