

# STATE GRANT COMPLIANCE REPORTING

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

<b>1. Organization:</b>	
Organization Name:	BSRI
Organization Tax ID #:	01-0656674
Project/Activity Title:	BSRI Directed Grant
Reporting Period:	<b>July 1, 2021 through June 30, 2022</b>
Organization Fiscal Year End:	6/30/22
Mailing Address (street, city, state, zip code):	PO BOX 2470 Shallotte NC 28459
Phone Number (area code + number):	910-754-6297
Fax Number (area code + number):	
Contact Person:	Dr. Jennifer Sherman
Contact Person Title:	CCO
E-Mail Address:	jsherman@bsrinc.org

<b>2. Preparer:</b> [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input checked="" type="checkbox"/> x	Employee	<input type="checkbox"/>	CPA/Accountant
Name of Preparer: Dr. Sherman	CCO			
Phone Number: 910-754-6297				

<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>
Arnold Owens	Chair
Joyce Lowrimore	Vice Chair
Joy Casteen	Board Member
Dr. Stephen Candela	Board Member
Myong Jensen	Board Member
Mary DuGan	Board Member
Kelli Lovett	Board Member
Ginger Harper	Board Member
Dan Bruneau	Board Member
John Ingraham	Board Member

<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>			
<u>Restrictions:</u>  Provides a directed grant to Brunswick Senior Resources, Inc., a nonprofit in Brunswick County that provides programs and services for adults ages 50 and older. We are utilizing the grant as restricted to adults ages 50+ through programs and services.			
<b>5. Does the organization have a Conflict of Interest policy?</b>	<input checked="" type="checkbox"/> x	yes	no
<b>6. Is the organization a for profit entity?</b>	<input type="checkbox"/>	yes	X no

<b>7. Did the organization subgrant or pass down any funds to another organization?</b>			<input type="checkbox"/>	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**

9. Organization:	
Organization Name:	BSRI
Organization Tax ID#:	01-0656674
Organization Fiscal Year End:	6/30/2022
Mailing Address (street, city, state, zip code):	PO BOX 2470 Shallotte NC 28459
Phone Number (area code + number):	910-754-6297
Fax Number (area code + number):	
Contact Person:	Dr. Jennifer Sherman
Contact Person Title:	CCO
E-Mail Address:	Jsherman@bsrinc.org

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
NC	NC Directed Grant	35956.07
b. Expenditures		
Category	Dollar Amount	
Personnel	30000	
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>	<b>30000</b>
Food	
Other (provide description here): _____ Purchased services – Respite – Home health _____	<b>4623</b>
Other (provide description here): __ Supplemental support; i.e. rent assistance, support group supplies _____	<b>1333.07</b>
Other (provide description here): _____	
Other (provide description here): _____	
<b>(g)Total Other Expenses:</b>	<b>5956.07</b>
<b>Total Expenditures (sum a through g)</b>	<b>35956.07</b>

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

Beginning of the year cash balance	
End of the year cash balance	

**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:	Dr. Jennifer Sherman
Recipient Tax ID #	01-0656674
Project/Activity Title:	BSRI Directed Grant
Recipient's Fiscal Year End:	6/30/2022
Report Completion Date:	7/15/2022
Preparer of This Report:	Dr. Jennifer Sherman

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

To provide programs and services for adults ages 50 and older. We focused the grant on family caregiver support and those in crisis.

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

These goals are met and exceeded.

**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.**

Our staff provides Information and Assistance to persons 50 years of age and older. We provide access to resources and referrals to programs and services on site. When providing resources outside of our agency, we follow up within 48 hours to confirm the resources were accessed or if additional assistance is needed. Referrals are provided to programs and services offered on-site. Since 7/1/2021 we provided 19411 Information and Assistance inquiries during the grant reporting cycle. We provided 14 caregivers with 201 hours of Respite services. We provided 3 individuals with supplemental support.

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

The activity is continuing, and this grant bridges the gap of need following COVID. We hope to submit a grant to our county for ARPA funding to continue meeting our residents' ongoing needs. Recent statistics state we now have more residents over the age of 50 than those under the age of 18. We appreciate the state's assistance in helping us improve the well-being of Brunswick County residents.

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