

STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	Community Based Developmental Services
Organization Name:	Community Based Developmental Services
Organization Tax ID #:	562098797
Project/Activity Title:	Opioid Treatment Grant Program
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	June 30, 2022
Mailing Address (street, city, state, zip code):	3274 Rosehill Rd. Suite #2 Fayetteville, NC 28301
Phone Number (area code + number):	910-309-9432 910-488-5820
Fax Number (area code + number):	910-488-5837
Contact Person:	Michael A Carroll
Contact Person Title:	Director
E-Mail Address:	Mcarroll8@earthlink.net

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Michael A Carroll		
Phone Number: 910-309-9432		

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
Brian Newman	President
Sharon McNeil	Member
Camille Newman	Secretary
Shirley Francis	Member
Gwendolyn Beard	Member

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: The intended use of this grant is to provide Substance Abuse treatment for opioid addicted persons that are without insurance of any type. The treatment will include medical assisted treatment from a board certified psychiatrist with emphasis on the need for Suboxone. Treatment will also include free substance abuse therapy to coincide with the medical assistance treatment from a board certified licensed clinical addiction specialist.			
5. Does the organization have a Conflict of Interest policy?	<input checked="" type="checkbox"/> x	<input type="checkbox"/> yes	<input type="checkbox"/> no
6. Is the organization a for profit entity?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> x	<input type="checkbox"/> no

7. Did the organization subgrant or pass down any funds to another organization?			
		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> x
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:	Community Based Developmental Services
Organization Tax ID#:	562098797
Organization Fiscal Year End:	July1, 2021 through June 30, 2022
Mailing Address (street, city, state, zip code):	3274 Rosehill Rd. Suite #2 Fayetteville, NC 28301
Phone Number (area code + number):	910-309-9432 910-488-5820
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Contact Person:	Michael A Carroll
Contact Person Title:	Director
E-Mail Address:	Mcarroll8@earthlink.net

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
NC DHHS	Direct Grant-Opioid Treatment Program	0

b. Expenditures	
Category	Dollar Amount
Personnel	0.00
Contracted Services	0.00
(a)Total Personnel/Contracted Svcs Costs:	0.00
Office Supplies & Materials	0.00
Service Related Supplies	0.00
(b)Total Supplies & Material Costs:	0.00
Travel	0.00
Communications & Postage	0.00
Utilities	0.00
Printing & Binding	0.00
Repair & Maintenance	0.00
Meeting/Conference Expense	0.00
Employee Training (no travel)	0.00
Classified Advertising	0.00
In-State Board Meeting Expenses	0.00
(c)Total Non-Fixed Operating Expense:	0.00
Office Rent (Land, Buildings, etc.)	0.00
Furniture Rental	0.00
Equipment Rental (Phones, Computers, etc.)	0.00
Vehicle Rental	0.00
Dues & Subscriptions	0.00
Insurance & Bonding	0.00
Books/Library Reference Materials	0.00
Mortgage Principal, Interest and Bank Fees	0.00
(d)Total Fixed Charges & Other Expenses:	0.00
Buildings & Improvements	0.00
Leasehold Improvements	0.00
Furniture/Non-Computer Equip., \$500+ per item	0.00
Computer Equipment/Printers, \$500+ per item	0.00
Furniture/Equip., under \$500 per item	0.00
(e)Total Property & Equipment Outlay:	0.00

Purchase of Services	0.00
Contracts with Service Providers	0.00
Stipends/Scholarships/Bonuses/Grants	0.00
(f)Total Services/Contracts:	0.00
Food	0.00
Other (provide description here):	0.00
Other (provide description here):	0.00
Other (provide description here):	0.00
Other (provide description here):	0.00
(g)Total Other Expenses:	0.00
Total Expenditures (sum a through g)	0.00

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	0.00
End of the year cash balance	\$375,000

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:	Community Based Developmental Services
Recipient Tax ID #	562098797
Project/Activity Title:	Opioid Treatment Grant Program
Recipient's Fiscal Year End:	June 30, 2022
Report Completion Date:	July 1, 2022
Preparer of This Report:	Michael A Carroll

1. What were the original goals and expectations for the activity supported by this grant?
The Grantee hereby intends to service up to at least 50 consumers that have been assessed and have an opioid dependence diagnosis. No one with state or private insurance will be included in the program. Once the consumer is assessed by a licensed professional and identified as a qualified participant of the program a referral will be made for medication management and substance abuse counseling. Suboxone will be prescribed as noted below and drug screens will be done in order to determine how successful the program is. Drug testing will be conducted at the same rate as the office visits but not necessarily on the same date. A coordinated effort will be made in making sure that marketing includes places where Latinos or Indians frequent. Although the program will give priority to these two populations people that qualify will not be turned down as long as they qualify under the IPRS guidelines.

2. If applicable, how have those goals and expectations been revised or refined during the course of the project?
Due to receiving the funds for the Suboxone Treatment Program were released to Community Based Developmental Services on 6/3/2022 no funds were used during the fiscal year of 2021-2022. The initial goals for the program are still intact and will be reviewed during the first quarter of fiscal year 2022-2023.

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.
Due to receiving the funds for the Suboxone Treatment Program were released to Community Based Developmental Services on 6/3/2022 no funds were used during the fiscal year of 2021-2022. The initial goals for the program are still intact and will be reviewed during the first quarter of fiscal year 2022-2023.

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

Due to receiving the funds for the Suboxone Treatment Program were released to Community Based Developmental Services on 6/3/2022 no funds were used during the fiscal year of 2021-2022. The initial goals for the program are still intact and will be reviewed during the first quarter of fiscal year 2022-2023.

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