

STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	
Organization Name:	Cabarrus Victims Assistance Network (CVAN)
Organization Tax ID #:	57-0749038
Project/Activity Title:	Directed Grant
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	December 31
Mailing Address (street, city, state, zip code):	PO Box 1749 Concord, NC 28026
Phone Number (area code + number):	704.788.1108
Fax Number (area code + number):	704.788.1109
Contact Person:	Mary Margaret Flynn
Contact Person Title:	Executive Director
E-Mail Address:	cvan@cvan.org

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Mary Margaret Flynn and Jessi Harris		
Phone Number: 704.788.1108		

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

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.			
<p>Restrictions: Intended use as included in the award document: The Grantee hereby intends to use the Directed Grant funds to provide direct services for battered women and their children in Cabarrus County. These funds will be used to fund part of the time of 2 staff members who will provide these direct services including: Shelter; 24-hour Hotline; counseling; court advocacy; children's advocacy; and formerly battered women's advocacy. The funds will also be used to fund our Outreach Center where CVAN provides a variety of one-on-one services such as counseling; safety planning; support and other assistance.</p>			
5. Does the organization have a Conflict-of-Interest policy?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	
6. Is the organization a for profit entity?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	

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

CVAN – Cabarrus Victims Assistance Network

2022 BOARD OF DIRECTORS

Christine Barrier
Cooperative Extension

Howard Bentley
Wells Fargo

Alicia Broadway
City of Concord

Rick Carpenter
Conitex/Sonoco

Angela Colombero
BA Hoft of Charlotte

Coretta Grant
Novant Health - RN

Dulce Mange - President
Atrium Health – Social Worker

Laurie Miller
Retired, Cabarrus Physical Therapy

Kristin Rodgers
DoughGirls Catering

Deb Tiece
Retired, Teacher

Sylvia Wagoner - Secretary
Retired, Children's Developmental Services Agency

Jill Wall - Treasurer
Community Volunteer

Nina Wilkerson – Vice President
Retired, Cabarrus County Schools, Social Worker

SCHEDULE OF RECEIPTS AND EXPENDITURES

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

1. Organization:	
Organization Name:	Cabarrus Victims Assistance Network (CVAN)
Organization Tax ID#:	57-0749038
Organization Fiscal Year End:	December 31
Mailing Address (street, city, state, zip code):	PO Box 1749 Concord, NC 28026
Phone Number (area code + number):	704.788.1108
Fax Number (area code + number):	704.788.1109
Contact Person:	Mary Margaret Flynn
Contact Person Title:	Executive Director
E-Mail Address:	cvan@cvan.org

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
DHHS	Directed Grant	\$200,000.00
b. Expenditures		
Category	Dollar Amount	
Personnel	\$77,610.80	
Contracted Services		
(a)Total Personnel/Contracted Srvcs Costs:		
Office Supplies & Materials		
Service Related Supplies		
(b)Total Supplies & Material Costs:		
Travel		
Communications & Postage	\$1,500.00	
Utilities	\$1,387.00	
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.)	\$17,400.00	
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)	\$97,897.80

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	\$200,000.00
End of the year cash balance	\$102,102.20

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 Victims Assistance Network (CVAN)
Recipient Tax ID #	57-0749038
Project/Activity Title:	Directed Grant
Recipient's Fiscal Year End:	December 31
Report Completion Date:	July 11, 2022
Preparer of This Report:	Mary Margaret Flynn and Jessi Harris

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

This Directed Grant provides direct services for battered women and their children in Cabarrus County.

These funds are used to fund part of the time of 2 staff members who provide these direct services including: Shelter; 24-hour Hotline; counseling; court advocacy; children's advocacy; and formerly battered women's advocacy.

These funds are also used to fund our Outreach Center where CVAN provides a variety of one-on-one services such as counseling; safety planning; support and other assistance.

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

N/A – none of the goals and expectations have been revised or refined.

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.

During year one, of this two-year grant, we have served 1,171 people through the programs, services and activities outlined above. We provided these services in Cabarrus County, NC.

Grant outputs/outcomes:

1. To ensure that Shelter residents have more strategies for enhancing their safety.
 Goal: At least 65% of Shelter residents will have more strategies for enhancing their safety through access to assistance with safety planning.
 During year one: 77% of Shelter residents had more strategies for enhancing their safety through access to assistance with safety planning.
2. To help Shelter families leaving Shelter move into safe housing.
 Goal: At least 65% of Shelter families will move into safe housing upon their exit.
 During year one: 78% of Shelter families moved into safe housing upon their exit.
3. To provide access to community resources for clients calling our 24-hour Hotline.
 Goal: At least 65% of clients calling the 24-hour Hotline will have increased knowledge of community resources.
 During year one: 68% of clients calling the 24-hour Hotline had increased knowledge of community resources.

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

This grant continues for a second year from 7/1/22-6/20/23. During that time the above plans and expectations remain the same for year two of the grant.

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