

STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	
Organization Name:	Cabarrus Women's Center
Organization Tax ID #:	5816363958
Project/Activity Title:	Services & Ultrasound
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	December
Mailing Address (street, city, state, zip code):	163 Winecoff Ave NW Concord, NC 28025
Phone Number (area code + number):	704.782.2221
Fax Number (area code + number):	
Contact Person:	Jane Daniel
Contact Person Title:	Executive Director
E-Mail Address:	jane@cabarruswomenscenter.com

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Jane Daniel	Executive Director	
Phone Number: Cell 704.533.2208		

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
Kelly King Rsumisell	Board Chair
Mike Larson	Treasurer
Jonathan Mullis	Vice- Chair
Jessica Hughes	Secretary
Beth Street	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.			
<u>Restrictions:</u> <u>No restrictions – Purchased a new ultrasound and funded clinic daily operations</u> <u>This included some salaries, some supplies such as medications and vitamins for clients, included gas, electric and water and some marketing expenses</u>			
5. Does the organization have a Conflict of Interest policy?	<input checked="" type="checkbox"/> x	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
6. Is the organization a for profit entity?	<input type="checkbox"/>	<input checked="" type="checkbox"/> yes	<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 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:	Cabarrus Women's Center
Organization Tax ID#:	5816363958
Organization Fiscal Year End:	December
Mailing Address (street, city, state, zip code):	163 Winecoff Ave NW Concord NC 28025
Phone Number (area code + number):	704.782.2221
Fax Number (area code + number):	
Contact Person:	Jane Daniel
Contact Person Title:	Executive Director
E-Mail Address:	Jane@cabarruswomenscenter.com

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
DHHS	21-23 Biennium Directed Grant Cabarrus Women's Center	\$200,000
b. Expenditures		
Category	Dollar Amount	
Personnel		
Contracted Services		
(a)Total Personnel/Contracted Srvcs Costs:	\$93,276.24	
Office Supplies & Materials		
Service Related Supplies		
(b)Total Supplies & Material Costs:	\$9,713.56	
Travel		
Communications & Postage		
Utilities	\$6,554.00	
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.)		
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:	\$23,350	

Purchase of Services	
Contracts with Service Providers	
Stipends/Scholarships/Bonuses/Grants	
(f)Total Services/Contracts:	
Food	
Other (provide description here): Administrative Expenses	\$66,926
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
(g)Total Other Expenses:	
Total Expenditures (sum a through g)	\$200,000

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	\$200,000
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 Women's Center
Recipient Tax ID #	5816363958
Project/Activity Title:	21-23 Biennium Directed Grant Cabarrus Women's Center
Recipient's Fiscal Year End:	December
Report Completion Date:	7/15/22
Preparer of This Report:	Jane Daniel

1. Provide the number of persons served by the programs, services, and activities supported by these funds, including the counties in which services are provided.

We had 1,198 kept appointments

- **African American 320, Caucasian 136, Hispanic 127, Multi racial 33, Other 22 & Asian 21**

- **566 Single & 121 married**

- **Cabarrus Women's Center and its satellite are located in low income areas and this underserved client is who we seek to provide services.**

- **277 clients were referred to Medicaid**

- **591 were given a referral to an OBGYN**

- **36 were given referral for behavioral health**

- **241 were referred to local Health Department**

- **48 were referred for parenting support**

- **198 were referred for material assistance**

- **10 were refereed for a safety plan for abuse**

- **136 were referred for WIC programs**

- **158 received STI tests**

Cabarrus Women's Center is in Cabarrus we have a satellite in Mecklenburg

Marital Status

566 Single & 121 married

626 Pregnancy Tests Were Performed

541 tests were positive

158 Received STI Tests In Our Centers

12 were given treatment in house

1007 Ultrasounds Were Performed

324 of those ultrasounds were 2nd ultrasound appointments

8 Abortion Pill Recoveries Were Performed

85 Layettes To Start Nurseries Were Given

1. If applicable, how have those goals and expectations been revised or refined during the course of the project? No

2. 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 clientele are low income women, seeking no cost medical grade pregnancy tests and limited ultrasounds. This establishes whether the client is in fact pregnant and if so what stage of pregnancy she is in. Additionally, the ultrasound can indicate whether the pregnancy is in fact viable or possibly ectopic. (Please note, if we see a problem with the pregnancy, we refer to an OB immediately, we do not make diagnosis of the issues ourselves.) We provide STI testing for Chlamydia and Gonorrhea. If the client chooses abortion an STI can turn into Pelvic Inflammatory Disease and ruin future fertility or even cause worse issues. Additionally, a client who carries through to birth can transmit the STI to the baby and is also at risk for PID.

We give the client non-judgmental, factual information on abortion, adoption and parenting, to assist in an informed decision. We also make as needed referrals to over 30 supporting agencies to address such issues as: food pantries, clothing, mental health counseling, housing, substance abuse, human trafficking, Medicaid, WIC, adoption agencies, abused women's Shelters etc, Women who choose to carry receive free vitamin packs, information on nutrition, information on drugs not be taken during pregnancy, healthy parenting and STI transmission risks and responsibilities.

The impact on the community, is a safe place for pregnant women to find assistance to clarify the best choices for their pregnancies and resources needed to support those choices. You cannot make the best decision, unless you have accurate facts and knowledge of available resources.

2. If the activity is a continuing one, briefly summarize future plans and funding prospects. Our immediate future plan is to start a telemedicine program to start the counselling on the phone. We also plan to start a Parenting class and a father's mentoring program.

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

