

# STATE GRANT COMPLIANCE REPORTING

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

<b>1. Organization:</b>	
Organization Name:	DOMINION HEALTH CARE FOUNDATION
Organization Tax ID #:	85-3870134
Project/Activity Title:	Pandemic Staffing Resources
Reporting Period:	<b>July 1, 2021 through June 30, 2022</b>
Organization Fiscal Year End:	<b>July 1, 2021 through June 30, 2022</b>
Mailing Address (street, city, state, zip code):	5831 SUNNINGDALE LANE HOPE MILLS, NC 28348
Phone Number (area code + number):	910-583-9206
Fax Number (area code + number):	910-491-2694
Contact Person:	PEVIN WILLIAMS
Contact Person Title:	CHIEF EXECUTIVE OFFICER
E-Mail Address:	Pevindhcis.co@gmail.com

<b>2. Preparer:</b> [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input checked="" type="checkbox"/>	Employee	<input type="checkbox"/>	CPA/Accountant
Name of Preparer:	ANGELA MERRITT			
Phone Number:	229-633-0265			

<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>
TRACEY GROSS	BOARD MEMBER
ANITA MCCLURE	BOARD MEMBER
ADRIAN LUCAS WELLS	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>				
Restrictions: N/A				
<b>5. Does the organization have a Conflict of Interest policy?</b>	x	yes	<input type="checkbox"/>	no
<b>6. Is the organization a for profit entity?</b>	<input type="checkbox"/>	yes	<input checked="" type="checkbox"/>	no

<b>7. Did the organization subgrant or pass down any funds to another organization?</b>				
		yes	<input checked="" type="checkbox"/>	no
If yes, answer the following:				
a. Name of Subgrantee	b. Program Name	c. Amount Subgranted		
N/A				

<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:	DOMINION HEALTH CARE FOUNDATION
Organization Tax ID#:	85-3870134
Organization Fiscal Year End:	June 30, 2022
Mailing Address (street, city, state, zip code):	5831 SUNNINGDALE LANE HOPE MILLS, NC 28348
Phone Number (area code + number):	910-583-9206
Fax Number (area code + number):	
Contact Person:	PEVIN WILLIAMS
Contact Person Title:	CHIEF EXECUTIVE OFFICER
E-Mail Address:	Pevindhcis.co@gmail.com

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
		<b>25,000</b>
b. Expenditures		
Category	Dollar Amount	
Personnel	8,600	
Contracted Services	13,000	
<b>(a)Total Personnel/Contracted Srvcs Costs:</b>		
Office Supplies & Materials		
Service Related Supplies		
<b>(b)Total Supplies &amp; Material Costs:</b>	2,000	
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>	1,400	
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>	
Food	
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
<b>(g)Total Other Expenses:</b>	<b>\$25,000</b>
<b>Total Expenditures (sum a through g)</b>	

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

Beginning of the year cash balance	<b>\$0</b>
End of the year cash balance	<b>\$0</b>

**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:	DOMINION HEALTH CARE FOUNDATION
Recipient Tax ID #	85-3870134
Project/Activity Title:	June 30, 2022
Recipient's Fiscal Year End:	June 30, 2022
Report Completion Date:	July 8, 2022
Preparer of This Report:	ANGELA MERRITT

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

The program proposes to place approximately 150 new clinicians and other allied health professionals into the healthcare system of Cumberland County, NC, before December 31, 2026.

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

Ongoing recruitment strategy remains in place, but there are challenges in finding available clinicians, as many have left their professions.

**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.**

Organization was able to pay lease rent, as well as utilities and staff salaries. The financial assistance that the grant provided allows to organization to keep the doors open.

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

The program proposes to place approximately 150 new clinicians and other allied health professionals into the healthcare system of Cumberland County, NC, before December 31, 2026.

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