

STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	
Organization Name:	Convoy of Hope
Organization Tax ID #:	68-0051386
Project/Activity Title:	Direct Grant
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	Dec. 31, 2022
Mailing Address (street, city, state, zip code):	1 Convoy Drive, Springfield, MO 65802
Phone Number (area code + number):	417-823-8998
Fax Number (area code + number):	
Contact Person:	Dan Clopine
Contact Person Title:	VP Finance
E-Mail Address:	dclopine@convoyofhope.org

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

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
Dr. Aaron Cole	Chairman
Court Durkalski	Vice Chairman
Telvin Jeffries	Secretary
Dr. Brad Trask	Treasurer
Dominick Garcia	Executive Board 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:			
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"/>	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> X 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:	Convoy of Hope
Organization Tax ID#:	68-0051386
Organization Fiscal Year End:	Dec. 31, 2022
Mailing Address (street, city, state, zip code):	1 Convoy Drive, Springfield, MO 65802
Phone Number (area code + number):	417-823-8998
Fax Number (area code + number):	
Contact Person:	Dan Clopine
Contact Person Title:	VP Finance
E-Mail Address:	dclopine@convoyofhope.org

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
NC Dept of Health & Human Svcs	Direct Grant	250,000
b. Expenditures		
Category	Dollar Amount	
Personnel	0	
Contracted Services	0	
(a)Total Personnel/Contracted Svcs Costs:	0	
Office Supplies & Materials	0	
Service Related Supplies	0	
(b)Total Supplies & Material Costs:	0	
Travel	0	
Communications & Postage	0	
Utilities	0	
Printing & Binding	0	
Repair & Maintenance	0	
Meeting/Conference Expense	0	
Employee Training (no travel)	0	
Classified Advertising	0	
In-State Board Meeting Expenses	0	
(c)Total Non-Fixed Operating Expense:	0	
Office Rent (Land, Buildings, etc.)	0	
Furniture Rental	0	
Equipment Rental (Phones, Computers, etc.)	0	
Vehicle Rental	0	
Dues & Subscriptions	0	
Insurance & Bonding	0	
Books/Library Reference Materials	0	
Mortgage Principal, Interest and Bank Fees	0	
(d)Total Fixed Charges & Other Expenses:	0	
Buildings & Improvements	0	
Leasehold Improvements	0	
Furniture/Non-Computer Equip., \$500+ per item	0	
Computer Equipment/Printers, \$500+ per item	0	
Furniture/Equip., under \$500 per item	0	
(e)Total Property & Equipment Outlay:	0	
Purchase of Services	0	

Contracts with Service Providers	0
Stipends/Scholarships/Bonuses/Grants	0
(f)Total Services/Contracts:	0
Food	0
Other (provide description here):	0
Other (provide description here):	0
Other (provide description here):	0
Other (provide description here):	0
(g)Total Other Expenses:	0
Total Expenditures (sum a through g)	0

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	0
End of the year cash balance	250,000

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:	Convoy of Hope
Recipient Tax ID #	68-0051386
Project/Activity Title:	Direct Grant
Recipient's Fiscal Year End:	Dec. 31, 2022
Report Completion Date:	July 11, 2022
Preparer of This Report:	Sarah D. Marcum

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

Per S.L. 2021-180, Convoy of Hope shall use the funds allocated in this directed grant to provide disaster response services in North Carolina.

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

With these funds, Convoy of Hope can distribute food to over 3,500 families in North Carolina through the end of 2023. Through collaboration with local partners in North Carolina, Convoy of Hope will distribute at least 168 pallets of non-perishable food items to food-insecure residents of Stanly, Cabarrus, and Montgomery counties, Convoy of Hope will purchase and distribute the non-perishable food items through healthy, already-established relationships in these counties.

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 the timing of receiving the grant funds, activities accomplished with these funds will commence starting July 2022. Convoy anticipates distributing food to over 3,500 families in North Carolina.

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

N/A

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