

STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	
Organization Name:	Cumberland HealthNET
Organization Tax ID #:	35-2443853
Project/Activity Title:	NC DHHS Directed Grant
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	July 1, 2021 – June 30, 3033
Mailing Address (street, city, state, zip code):	225 Green St., Suite 410 Fayetteville, NC 28301
Phone Number (area code + number):	910-483-6869
Fax Number (area code + number):	910-483-5898
Contact Person:	Tasha Smith
Contact Person Title:	Executive Director
E-Mail Address:	tsmith@chnnc.org

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Jessica Seagroves	X	
Phone Number: 910-483-6869		

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	

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?	X	yes	no
6. Is the organization a for profit entity?		yes	X no

7. Did the organization subgrant or pass down any funds to another organization?			
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:	Cumberland HealthNET
Organization Tax ID#:	35-2443853
Organization Fiscal Year End:	NC DHHS Directed Grant
Mailing Address (street, city, state, zip code):	July 1, 2021 through June 30, 2022
Phone Number (area code + number):	July 1, 2021 – June 30, 3033
Fax Number (area code + number):	225 Green St., Suite 410 Fayetteville, NC 28301
Contact Person:	910-483-6869
Contact Person Title:	910-483-5898
E-Mail Address:	Tasha Smith

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
NC DHHS	Directed Grant	250,000
b. Expenditures		
Category	Dollar Amount	
Personnel		
Contracted Services	See expenditure report below.	
(a)Total Personnel/Contracted Srvcs Costs:		
Office Supplies & Materials		
Service Related Supplies		
(b)Total Supplies & Material Costs:		
Travel		
Communications & Postage		
Utilities		
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:		
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)	

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	
End of the year cash balance	

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.

Cumberland HealthNET

NC DHHS Directed Grant Mental Health Program July 2021 - June 2022

January - June, 2022

	TOTAL
Revenue	
42600 State Grant (DHHS)	250,000.00
Total Revenue	\$250,000.00
GROSS PROFIT	\$250,000.00
Expenditures	
60000 Operational Cost	
61000 Rent & Lease	3,910.64
62102 Office Supplies	354.76
62300 Insurance -Liability	250.00
62403 Furniture	3,139.37
62500 Telephone/Internet	1,208.68
63000 Contract Services	
63103 Contract Services - IT	800.00
Total 63000 Contract Services	800.00
67000 Mileage Expense Direct	
67100 Mileage	35.39
Total 67000 Mileage Expense Direct	35.39
68000 Advertising & Marketing	
68101 Copies	108.65
Total 68000 Advertising & Marketing	108.65
69000 Event/Meal expense	0.00
69002 Meals/Food for Events	115.78
Total 69000 Event/Meal expense	115.78
Total 60000 Operational Cost	9,923.27
Total Expenditures	\$9,923.27
NET OPERATING REVENUE	\$240,076.73
NET REVENUE	\$240,076.73

PROGRAM ACTIVITIES AND ACCOMPLISHMENTS REPORT
Report Template D: Please use this reporting template for the END OF YEAR report

Recipient Name:	Cumberland HealthNET
Recipient Tax ID #	35-2443853
Project/Activity Title:	NC DHHS Directed Grant
Recipient's Fiscal Year End:	FY 7/1/2021 – 7/1/2022
Report Completion Date:	7/15/2022
Preparer of This Report:	Jessica Seagroves

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

Cumberland Healthnet's original goals and expectations are to identify uninsured patients through various programs CHN offers, emphasizing patients in need of psychiatric and therapy services.

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

Goals and expectations have not been revised. We have successfully partnered with an established practice in Fayetteville. We are prepared to fully execute services in our community.

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.

We do not have data on conclusions and outcomes. We are scheduled to kick off our new program August 5th, 2022.

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

We will continue to offer Psychiatric and Therapy services to our community through Fiscal Year June 30, 2023.

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