

STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	
Organization Name:	The Dragonfly House Children's Advocacy Center
Organization Tax ID #:	45-2735282
Project/Activity Title:	Directed Grant
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	September 30
Mailing Address (street, city, state, zip):	387 Valley Road, Mocksville, NC 27028
Phone Number (area code + number):	(336) 753-6155 ext 100
Fax Number (area code + number):	(336) 753-8868
Contact Person:	Brandi Reagan
Contact Person Title:	Executive Director
E-Mail Address:	Brandi@thedragonflyhouse.com

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer:	Brandi Reagan	
Phone Number:	336-753-6155 ext 100	

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
Robin Hartman	<i>Chairwoman</i>
Kris Howell	<i>Vice Chairwoman</i>
Stephanie Ramsey	<i>Secretary</i>
Hannah Whittington	<i>Treasurer</i>
Joy Bauer	
Samantha Blake	
Jeannine Brown	
Ross Conover	
Katrina McMasters	
Phyllis Penry	
Lisa Timberlake	
Jeff Wallace	

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> No Restrictions; Capital Improvements, Community Outreach & Education			
5. Does the organization have a Conflict-of-Interest policy?	<input checked="" type="checkbox"/>	yes	no
6. Is the organization a for profit entity?	<input type="checkbox"/>	yes	no

7. Did the organization subgrant or pass down any funds to another organization?			
	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:
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:	The Dragonfly House Children's Advocacy Center
Organization Tax ID #:	45-2735282
Organization Fiscal Year End:	September 30
Mailing Address (street, city, st, zip):	387 Valley Road, Mocksville, NC 27028
Phone Number (area code + number):	(336) 753-6155 ext 100
Fax Number (area code + number):	(336) 753-8868
Contact Person:	Brandi Reagan
Contact Person Title:	Executive Director
E-Mail Address:	Brandi@thedragonflyhouse.com

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
b. Expenditures		
Category	Dollar Amount	
Personnel		
Contracted Services		
(a)Total Personnel/Contracted Svcs Costs:		
Office Supplies & Materials	\$6,629.85	
Service-Related Supplies	\$3,015.25	
(b)Total Supplies & Material Costs:	\$9,645.10	
Travel	\$2,140.48	
Communications & Postage		
Utilities	\$725.00	
Printing & Binding	\$1,719.94	
Repair & Maintenance	\$14,348.22	
Meeting/Conference Expense		
Employee Training (no travel)	\$380.00	
Classified Advertising		
(c)Total Non-Fixed Operating Expense:	\$19,313.64	
Office Rent (Land, Buildings, etc.)		
Insurance & Bonding		
Books/Library Reference Materials		
Mortgage Principal, Interest and Bank Fees	\$29,000.00	
(d)Total Fixed Charges & Other Expenses:	\$29,000.00	
Buildings & Improvements	\$40,439.15	
Leasehold Improvements		
Furniture/Non-Computer Equip., \$500+ per item	\$1,602.11	
Computer Equipment/Printers, \$500+ per item		
Furniture/Equip., under \$500 per item		
(e)Total Property & Equipment Outlay:	\$42,041.26	
Contracts with Service Providers		
(f)Total Services/Contracts:		
Food		
Other (provide description here):		
(g)Total Other Expenses:		
Total Expenditures (sum a through g)	\$100,000.00	

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	\$100,000.00
End of the year cash balance	\$0.00

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

Organization Name:	The Dragonfly House Children's Advocacy Center
Organization Tax ID #:	45-2735282
Project/Activity Title:	Directed Grant
Recipient's Fiscal Year End:	September 30
Report Completion Date:	July 15, 2022
Preparer of This Report:	Brandi Reagan

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

Goal 1 - To promote healing of the victim child and their caregiver through a multidisciplinary approach that promotes collaborative efforts.

Goal 2 - To reduce systemic trauma to the child victim and their caregivers through the utilization of a multidisciplinary team (MDT) when responding to reports of child abuse.

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

The goals and expectations of the agency identified through this grant have not changed. The funding priorities were the same, but the line items within those priorities were shifted.

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 the period of this grant (July 1, 2021 – June 30, 2022), our agency provided services to 541 children and their non-offending caregivers. This is an increase in clients served over the previous year for our agency.

Related to the goals of this project, The Dragonfly House participates in Outcomes Measurement Surveys (OMS) to determine our level of service and satisfaction to clients.

- Goal 1: 99.39% of caregivers reported that The Dragonfly House facilitated healing for them and their child.
- Goal 2: 98.87% of MDT members report that the CAC process resulted in more collaborate and efficient case investigations.

The specific funds received from this grant were applied to capital improvements and Community Outreach & Education. The line items of funding were applied through construction & facility maintenance contracts, equipment, client services, supplies, and loan payments.

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

This activity will continue for FY22-23 with another Directed Grant award of \$100,000. These funds will be spent through Capital Improvements, Capital Principal Payments, Training, Community Outreach & Education program expenses, and other expenses that fall within these categories under a Directed Grants fund.

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