

STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	
Organization Name:	Fellowship Hall, Inc.
Organization Tax ID #:	56-0949273
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 code):	5140 Dunstan Rd, Greensboro, NC 27405
Phone Number (area code + number):	336-621-3381
Fax Number (area code + number):	336-621-7513
Contact Person:	Jessica Sheetz
Contact Person Title:	Director of Finance
E-Mail Address:	jessicas@fellowshiphall.com

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer:	Jessica Sheetz	
Phone Number:	336-621-3381	

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
Please 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: No restrictions. Grant Funds are used to support staffing of the substance use disorder treatment programs covering the detoxification, residential and partial hospitalization levels of care.			
5. Does the organization have a Conflict of Interest policy?	<input checked="" type="checkbox"/>	yes	<input type="checkbox"/> no
6. Is the organization a for profit entity?	<input type="checkbox"/>	yes	<input checked="" type="checkbox"/> 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	
n/a			

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:	Fellowship Hall, Inc.
Organization Tax ID#:	56-0949273
Organization Fiscal Year End:	September 30
Mailing Address (street, city, state, zip code):	5140 Dunstan Rd, Greensboro, NC 27405
Phone Number (area code + number):	336-621-3381
Fax Number (area code + number):	336-621-7513
Contact Person:	Jessica Sheetz
Contact Person Title:	Director of Finance
E-Mail Address:	jessicas@fellowshiphall.com

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
DHHS	Directed Grant \$100,000	100,000
b. Expenditures		
Category	Dollar Amount	
Personnel	100,000	
Contracted Services		
(a)Total Personnel/Contracted Svcs Costs:	100,000	
Office Supplies & Materials		
Service Related Supplies		
(b)Total Supplies & Material Costs:	0	
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:	0	
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:	0	
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:	0	
Purchase of Services		

Contracts with Service Providers	
Stipends/Scholarships/Bonuses/Grants	
(f)Total Services/Contracts:	0
Food	
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
(g)Total Other Expenses:	0
Total Expenditures (sum a through g)	100,000

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.

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

Recipient Name:	Fellowship Hall, Inc.
Recipient Tax ID #	56-0949273
Project/Activity Title:	
Recipient's Fiscal Year End:	September 30
Report Completion Date:	7/12/2022
Preparer of This Report:	Jessica Sheetz

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

To utilize the funds to cover the cost of salaries and compensation for employees including nurses, licensed clinicians, psychiatrist, and other medical providers. Given the increased demand on our front line treatment team due to COVID related measures, as well as an increase in the acuity of the patients we are seeing, staffing on the front line is a top priority of our organization and as such, the funds will be used for this purpose.

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

The need still remains strong and the goals and expectations of the funding has not changed.

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.

720 number of individuals were served during this period. Receiving the \$100,000 in funds allowed us to fund approximately 1.4 FTE providing services to these individuals.

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

The need for treatment of substance use disorder continues and the number of individuals seeking treatment continues to grow. Fellowship Hall will continue to search for grants and donations that can help fund subsidize the cost of treatment for individuals without insurance or without a means to cover out of pocket expenses.

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

Fellowship Hall Board of Directors Roster

Jake West, Chairman of the Board
David Guise, Vice-Chairman

Matt Burkett, Treasurer
Russ Robinson, Secretary

NAME	ADDRESS	PHONE NUMBERS	EMAIL ADDRESS	SIGNIFICANT OTHER/ SOBRIETY BIRTHDAY
Matt Burkett Search National	8151 Rob Roy Drive Summerfield, NC 37358	336-707-5702 (cell)	mburkett@searchnational.org	Leah 12/29/2013
David Guise First Citizens Bank	7006 Westfeild Village Circle Summerfield, NC 37358	336-549-0096 (cell)	david.guise@gmail.com david.guise@firstcitizens.com	4/4/1988
Cheryl Hairston Elon Law's Emergency Legal Svs Program	5901 Mary Hall Court Summerfield, NC 37358	336-215-6041 (cell)	vchairs6@gmail.com	
Enrico Jones Bethany Medical Physician	313 Winnow Drive Jamestown, NC 27282	336-253-8917 (cell)	ejones@friendlyurgentcare.com	Carla 6/14/2013
Bill McIvor Retired	800 Dover Road Greensboro, NC 27408	404-538-3091 (cell)	mcivorsnc3@yahoo.com	
James Midgett LabCorp - retired	34 Hidden Timber Lane Greensboro, NC	336-337-2946 (cell)	midgettjames@gmail.com	
John "Richard" Miller, IV Retired, Owner, Ashley Furniture	12A Fountain Manor Drive Greensboro, NC 27405	336-272-2004 (home) 336-317-8858 (cell)	Rmiller2641@aol.com	Kathe Setzer 3/26/1989
Russ Robinson Revolution Law Group	715 Blair St Greensboro, NC 27408	336-392-2226 (cell)	russ.robinson3@gmail.com	Ann 1/15/1987
Jake West Entrepreneur - Dusty Donuts	61 White Oak Trail Chapel Hill, NC 27516	919-542-3071 (home) 919-632-2237 (cell)	jake0914@gmail.com	9/14/2005
John Wood, MD Retired Physician	11 Granville Oaks Court Greensboro, NC 27408	540-535-8075	47johnwood@gmail.com	Mary Beth 4/16/2016
Robert (Bob) Whitley, MD Retired Physician	2114 Meadowbrook Terrace Reidsville, NC 27320	336-342-0265 (home) 336-209-4599 (cell)	RWhitley5@triad.rr.com	Denice 12/27/2010

Emeritus Members

John Tesh Citygate Homes, LLC	3551 Sanctuary Blvd. Jacksonville Beach, FL 32250	336-314-2222 (cell)	john@citygatehomes.com	Corinne 6/28/2005
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