

STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	
Organization Name:	Free Clinic of Rockingham County, Inc
Organization Tax ID #:	56-2003143
Project/Activity Title:	Free Medical Clinic
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	Dec. 31
Mailing Address (street, city, state, zip code):	PO Box 2668 Reidsville, NC 27323
Phone Number (area code + number):	336-349-3220
Fax Number (area code + number):	336-349-2725
Contact Person:	Kim Rider
Contact Person Title:	Executive Director
E-Mail Address:	krider@FreeClinicrc.org

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input checked="" type="checkbox"/> X	Employee	<input type="checkbox"/>	CPA/Accountant
Name of Preparer: Kim Rider				
Phone Number: 336-349-3220				

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: Grant funds are to be used to fund a free & charitable clinic.			
5. Does the organization have a Conflict of Interest policy?	<input checked="" type="checkbox"/> X	yes	no
6. Is the organization a for profit entity?		yes	<input checked="" type="checkbox"/> X no

7. Did the organization subgrant or pass down any funds to another organization?			
	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:	Free Clinic of Rockingham County, Inc
Organization Tax ID#:	56-2003143
Organization Fiscal Year End:	Dec. 31
Mailing Address (street, city, state, zip code):	PO Box 2668 Reidsville, NC 27323
Phone Number (area code + number):	336-349-3220
Fax Number (area code + number):	336-349-2725
Contact Person:	Kim Rider
Contact Person Title:	Executive Director
E-Mail Address:	Krider@Freeclinicrc.org

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
DHHS	Directed Grant to Free Clinic of Rockingham County, Inc	\$250,000
b. Expenditures		
Category	Dollar Amount	
Personnel	234,829.85	
Contracted Services		
(a)Total Personnel/Contracted Srvcs Costs:		
Office Supplies & Materials		
Service Related Supplies	\$12,468.37	
(b)Total Supplies & Material Costs:		
Travel		
Communications & Postage		
Utilities	2,701.78	
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)	\$250,000.00

Unexpended cash balance (do NOT use with reimbursement grants)

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

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:	Free Clinic of Rockingham County, Inc
Recipient Tax ID #	56-2003143
Project/Activity Title:	Free Medical Clinic
Recipient's Fiscal Year End:	Dec. 31
Report Completion Date:	7/11/22
Preparer of This Report:	Kim Rider

1. What were the original goals and expectations for the activity supported by this grant?
 To provide medical & pharmacy services for over 800 unique patients. For those that have chronic disease (Diabetes, Hypertension, COPD) help them manage those diseases to increase their quality of life and reduce the negative impact on patients who may contract COVID.

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

n/a

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.

842 unique patients were served from July 1, 2021 – June 30, 2022. (2,281 appointments.)

Of the 842 patients, 547 have a diagnosis of hypertension. 377 of those patients (69%) have their blood pressure under control (<140/90)

Of the 842, 724 have a diagnosis of diabetes. 622 of those patients (86%) have an A1c of less than 9.

During the same time period, the Free Clinic also administered 956 doses of the COVID vaccine & responded to the needs of 154 patients who tested positive for COVID.

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

The Free Clinic is continually seeking out additional funding sources as well as fundraising.

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