## STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	
Organization Name:	Hope Restorations, Inc.
Organization Tax ID #:	474619038
Project/Activity Title:	Through grant funding, Hope Restorations, Inc. provides transferable skills training, education, and living allowances to adults recovering from substance abuse and/or incarceration. The programs implemented by the organization influence recovery and employability.
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	06/30/2022
Mailing Address	611 Mitchell St, PO Box 1656, Kinston, NC 28501
(street, city, state, zip code):	
Phone Number	(252) 520-9975
(area code + number):	
Fax Number	N/A
(area code + number):	
Contact Person:	Alissa Banks
Contact Person Title:	Marketing Administrative Assistant
E-Mail Address:	alissa.hoperestorations@gmail.com

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	Employee	CPA/Accountant
Name of Preparer: Alissa Banks		
Phone Number: (252) 520-9975 (ext. 306)		

Name of Board Member	anization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED] Board Member Title
Chris Jenkins	Executive Director
Walter Abbott	Chairperson
Nikki Lewis	Secretary
Christina Lovick	Board Member
Jimbo Perry	Board Member
Audra Haddad	Board Member
Emmanuelle Quenum	Board Member
Dottie Allen	Board Member
Allen Chambers	Board Member
David Edwards	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:

Hope Restorations, Inc. intends to use these funds to support the continuation of our reentry programs in Lenoir County, and the implementation of these programs in Wayne and Pitt County. This will include providing payroll, worker's comp insurance, and payroll expenses for the participants in our workforce development program. The building materials, transportation costs, tools, and other supplies needed to complete the work of renovating deteriorating, eyesore properties into quality, energy-efficient, affordable housing for low income families, and the needed administrative and supervisory expenses to facilitate this work.

5. Does the organization have a Conflict of Interest policy?

X yes no

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

7. Did the organization subgrant of	or pass down any funds to a	another organization?	yes X no
If yes, answer the following:			
a. Name of Subgrantee	b. Program Name	c. Amount Subg	ranted

#### 8. Program Activities and Accomplishments:

Recipients 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.

Hope Restorations currently owns 41 properties, with 21 of those in rental and the remaining in varying states of renovation or awaiting work to begin. The families who occupy the completed homes are usually single mothers with several children. There is currently a two-year waiting list for section 8 housing in Lenoir County. Currently, Hope Restorations, Inc. employs 25-30 workers at any given time, most of whom have previously been incarcerated or suffered from substance abuse. Our organization is realizing a regional expansion goal. We have established an office space in Pitt County, and we have begun renovations in Wayne County. As a result, the dimensions of our workforce development program are expanding. We have started the application process in Wayne County, and are regaining ground despite the COVID-19 pandemic. The goal is to employ 40 workers at a time and acquire and renovate 80 or more homes by 2025 to become a completely self-sustaining social enterprise.

# SCHEDULE OF RECEIPTS AND EXPENDITURES

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

9. Organization:	
Organization Name:	Hope Restorations, Inc.
Organization Tax ID#:	474619038
Organization Fiscal Year End:	06/30/2022
Mailing Address	611 Mitchell St, PO Box 1656, Kinston, NC 28501
(street, city, state, zip code):	
Phone Number	(252) 520-9975
(area code + number):	
Fax Number	N/A
(area code + number):	
Contact Person:	Alissa Banks
Contact Person Title:	Marketing Administrative Assistant
E-Mail Address:	alissa.hoperestorations@gmail.com

a. Receipts			
Funding State Agency	Grant Title		Total Receipts
NC DHHS	Through grant funding, Hope Rest	orations, Inc.	
	provides transferable skills training	g, education,	
	and living allowances to adults rec		
	substance abuse and/or incarcera		
	programs implemented by the org		
- <b>-</b>	influence recovery and employabil	ity.	
b. Expenditures			
Category		Dollar Amoun	t
Personnel		\$ 97,926.48	
Contracted Services		\$ 10,689	
(a)Total Personnel/Contracted S	ervices Costs:	\$ 108,615.48	
Office Supplies & Materials		\$ 5,893.83	
Service Related Supplies		\$ 58,126.38	
(b)Total Supplies & Material Cos	sts:	\$ 64,020.21	
Travel		\$ 8,110.81	
Communications & Postage		-	
Utilities		\$ 17,503.56	
Printing & Binding		-	
Repair & Maintenance		\$ 18,157.69	
Meeting/Conference Expense		-	
Employee Training (no travel)		-	
Classified Advertising		\$ 2,145.38	
In-State Board Meeting Expenses		-	
(c)Total Non-Fixed Operating Ex	(pense:	\$ 45,917.44	
Office Rent (Land, Buildings, etc.)		-	
Furniture Rental		-	
Equipment Rental (Phones, Comp	uters, etc.)	\$ 7,544.12	
Vehicle Rental		-	
Dues & Subscriptions		\$ 2,497.25	
Insurance & Bonding		\$ 14,324.63	
Books/Library Reference Materials		-	
Mortgage Principal, Interest and B		\$ 174.30	
(d)Total Fixed Charges & Other	Expenses:	\$ 24,540.30	
Buildings & Improvements		-	
Leasehold Improvements		-	

Eurpituro/Non Computer Equip	
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	\$ 6,532
Other (provide description here): Lawn care and landfill	\$ 410.21
Other (provide description here): Licenses and Taxes	
Other (provide description here):	
Other (provide description here):	
 (g)Total Other Expenses:	\$ 6,942.21
Total Expenditures (sum a through g)	\$ 250,000.00

#### Unexpended cash balance (do <u>NOT</u> use with reimbursement grants)

Beginning of the year cash balance	\$250,000.00
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:	Hope Restorations, Inc.
Recipient Tax ID #	474619038
Project/Activity Title:	Through grant funding, Hope Restorations, Inc. provides transferable skills training, education, and living allowances to adults recovering from substance abuse and/or incarceration. The programs implemented by the organization influence recovery and employability.
Recipient's Fiscal Year End:	06/30/2022
Report Completion Date:	07/15/2022
Preparer of This Report:	Alissa Banks, Marketing Administrative Assistant
1. What were the origina	al goals and expectations for the activity supported by this grant?
deteriorating houses in our o	diction and/or incarceration. The work we provide involves acquiring community and renovating them to more modern standards in order to ergy-efficient housing for lower-income families.
2. If applicable, how hav the project? N/A	ve those goals and expectations been revised or refined during the course o
the project?	ve those goals and expectations been revised or refined during the course o
the project? N/A 3. What has the activity	ve those goals and expectations been revised or refined during the course of accomplished with these grant funds? Please include specific information tatistics to support conclusions and judgments about the activity's impact.

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

In light of our expansion goal, the dimensions of Hope Restorations' workforce development program are expanding. We have started the application process in Wayne County. The goal is to employ 40 workers at a time and acquire and renovate 80 or more homes by 2025 to become a completely self-sustaining enterprise.

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