

# STATE GRANT COMPLIANCE REPORTING

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

<b>1. Organization:</b>	
Organization Name:	Ground 40 Ministries
Organization Tax ID #:	81-3035488
Project/Activity Title:	Directed Grant
Reporting Period:	<b>July 1, 2021 through June 30, 2022</b>
Organization Fiscal Year End:	Dec. 31
Mailing Address (street, city, state, zip code):	303 Dale Street Monroe, NC 28112
Phone Number (area code + number):	704-883-5185
Fax Number (area code + number):	N/A
Contact Person:	Matthew Davis
Contact Person Title:	Director of Administration
E-Mail Address:	matthew@ground40.org

<b>2. Preparer:</b> [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input checked="" type="checkbox"/> * Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Matthew Davis		
Phone Number: 704-318-3224		

<b>3. Please provide a list of the Organization's Board Members.</b> [ADD ADDITIONAL PAGES, IF NEEDED]	
<b>Name of Board Member</b>	<b>Board Member Title</b>

<b>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.</b>				
Restrictions:				
<b>5. Does the organization have a Conflict of Interest policy?</b>	<input checked="" type="checkbox"/> *	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	
<b>6. Is the organization a for profit entity?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/> yes	<input checked="" type="checkbox"/> *	<input type="checkbox"/> no

<b>7. Did the organization subgrant or pass down any funds to another organization?</b>				
<input type="checkbox"/> yes <input checked="" type="checkbox"/> * <input type="checkbox"/> no				
If yes, answer the following:				
a. Name of Subgrantee	b. Program Name	c. Amount Subgranted		

<b>8. Program Activities and Accomplishments:</b>
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:	Ground 40 Ministries
Organization Tax ID#:	81-3035488
Organization Fiscal Year End:	Dec. 31
Mailing Address (street, city, state, zip code):	303 Dale Street Monroe, NC 28112
Phone Number (area code + number):	704-883-5185
Fax Number (area code + number):	N/A
Contact Person:	Matthew Davis
Contact Person Title:	Director of Admin
E-Mail Address:	matthew@ground40.org

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
DHHS	Directed Grant	44,362
b. Expenditures		
Category	Dollar Amount	
Personnel	44,362	
Contracted Services	N/A	
<b>(a)Total Personnel/Contracted Svcs Costs:</b>	N/A	
Office Supplies & Materials		
Service Related Supplies	0	
<b>(b)Total Supplies &amp; Material Costs:</b>		
Travel	0	
Communications & Postage		
Utilities		
Printing & Binding	0	
Repair & Maintenance		
Meeting/Conference Expense	0	
Employee Training (no travel)	0	
Classified Advertising	0	
In-State Board Meeting Expenses	0	
<b>(c)Total Non-Fixed Operating Expense:</b>		
Office Rent (Land, Buildings, etc.)		
Furniture Rental	0	
Equipment Rental (Phones, Computers, etc.)	0	
Vehicle Rental	0	
Dues & Subscriptions	0	
Insurance & Bonding		
Books/Library Reference Materials	0	
Mortgage Principal, Interest and Bank Fees		
<b>(d)Total Fixed Charges &amp; Other Expenses:</b>		
Buildings & Improvements		
Leasehold Improvements	0	
Furniture/Non-Computer Equip., \$500+ per item	0	
Computer Equipment/Printers, \$500+ per item	0	
Furniture/Equip., under \$500 per item	0	
<b>(e)Total Property &amp; Equipment Outlay:</b>		
Purchase of Services		

Contracts with Service Providers	
Stipends/Scholarships/Bonuses/Grants	
<b>(f)Total Services/Contracts:</b>	
Food	
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
<b>(g)Total Other Expenses:</b>	
<b>Total Expenditures (sum a through g)</b>	<b>44,362</b>

**Unexpended cash balance (do NOT use with reimbursement grants)**

Beginning of the year cash balance	<b>44,362</b>
End of the year cash balance	<b>0</b>

**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:	Ground 40 Ministries
Recipient Tax ID #	81-3035488
Project/Activity Title:	Directed Grant
Recipient's Fiscal Year End:	Dec. 31st
Report Completion Date:	
Preparer of This Report:	Matthew Davis

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

**To compensate the current staff in relation to the project funding**

**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.**

**The grant was able to fund staff for a period of 2 months**

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

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