

STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	
Organization Name:	HealthReach Community Clinic
Organization Tax ID #:	20-1020941
Project/Activity Title:	Directed Grant
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	June 30
Mailing Address (street, city, state, zip code):	400 E. Statesville Avenue, Ste 300 Mooresville, NC 28115
Phone Number (area code + number):	704-663-1992
Fax Number (area code + number):	704-663-2073
Contact Person:	Dr. Sabrina Niggel
Contact Person Title:	Executive Director
E-Mail Address:	SabrinaN@healthreachclinic.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: Sabrina Niggel				
Phone Number: 704-663-1992				

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
Martha Michael, CPA	Chair
Kathryn Nusbaum, CPA, CFP	Secretary
Mayor Miles Atkins	
Jim Bullard	Treasurer
Franklin Mock, JD	
Tiffany Shelley, SHRM-SCP	

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; HealthReach intends to request an amendment that will enable us to apply grant funds toward operational expenditures incurred during the approved grant period.				
5. Does the organization have a Conflict of Interest policy?	<input checked="" type="checkbox"/> X	yes	<input type="checkbox"/>	no
6. Is the organization a for profit entity?	<input type="checkbox"/>	yes	<input checked="" type="checkbox"/> X	no

7. Did the organization subgrant or pass down any funds to another organization?				<input type="checkbox"/>	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:	HealthReach Community Clinic
Organization Tax ID#:	20-1020941
Organization Fiscal Year End:	June 30
Mailing Address (street, city, state, zip code):	400 E. Statesville Avenue, Ste 300 Mooresville, NC 28115
Phone Number (area code + number):	704-663-1992
Fax Number (area code + number):	704-663-2073
Contact Person:	Sabrina Niggel
Contact Person Title:	Executive Director
E-Mail Address:	SabrinaN@healthreachclinic.org

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

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	
End of the year cash balance	

Funds were received in March and April of 2022. As of July 7, 2022, no funds have been expended under this grant. The remaining balance is \$500,000.

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

NCAFCC Member Name:	HealthReach Community Clinic
NCAFCC Member Tax ID #	20-1020941
Project/Activity Title:	Directed Grant
NCAFCC Member's Fiscal Year End:	June 30
Report Completion Date:	July 7, 2022
Preparer of This Report:	Dr. Sabrina Niggel, Executive Director
<p>1. What were the original goals and expectations for the activity supported by this grant?</p> <p>The goals are to provide the following services at no cost to Iredell County, NC residents with limited means and no health insurance of any kind: primary care, pharmacy, labs, mental health services, chronic disease management, preventive health services, social work consultations, and referrals for wraparound services and specialty care that we cannot provide onsite. Included in these efforts are Covid prevention, testing, and treatment.</p>	
<p>2. If applicable, how have those goals and expectations been revised or refined during the course of the project?</p> <p>One significant change has been made over the past fiscal year: we increased the threshold for income eligibility so that more of our neighbors in need could benefit from our free medical care and pharmacy. The income threshold was changed from 250% to 300% of the Federal Poverty Guidelines. This has helped many families who have been struggling to make ends meet, particularly in light of rising food, fuel, and other costs of living.</p>	

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 following quantitative data are provided to illustrate our impact over this past reporting period:

- 3,867 medical encounters with low-income, uninsured residents of Iredell County
- 309 mental health consultations (with either our volunteer clinical psychiatrist or our volunteer clinical psychologist)
- 212 new patients enrolled
- 72 annual women's health appointments
- 259 nursing appointments (e.g., wound care, blood pressure screening)
- 366 social work consultations provided
- 691 scheduled appointments for free lab services (e.g., venipuncture, urinalysis)
- 23 free appointments for free lung cancer screening (low-dose CT scans, courtesy of Atrium Health)
- 101 free mammograms provided at HealthReach (thanks to hospital partners)
- 58 one:one consultations with a volunteer diabetes specialist (for Type 1 diabetics)
- 39 patients received free retinal imaging at HealthReach (thanks to Prevent Blindness NC)

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

HealthReach will continue to provide the above health services for low-income, uninsured Iredell County residents. In FY23, we anticipate new support from private foundations, local businesses, faith partners, and individuals throughout the Iredell County community and beyond.

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