

# STATE GRANT COMPLIANCE REPORTING

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

<b>1. Organization:</b>	
Organization Name:	Hope Alive Inc
Organization Tax ID #:	88-1356767
Project/Activity Title:	Drug Rehabilitation/ Therapeutic Center
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	June 30 <sup>th</sup> , 2022
Mailing Address (street, city, state, zip code):	3459 Lackey St Lumberton, NC 28360
Phone Number (area code + number):	(571) 265-5981/ (910) 775-9090
Fax Number (area code + number):	(910) 775-9042
Contact Person:	Ronald Barnes
Contact Person Title:	President
E-Mail Address:	Ronbarnes1216@gmail.com

<b>2. Preparer:</b> [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Ronald Barnes		
Phone Number: (571) 265-5981		

<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>
Ron Barnes	President
Shon Pevia	Vice president
Derick Coe	Member
Alison Walters	Member
Tyrone Watson	Member

<b>4.</b> 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: There were no restrictions given, but the			
<b>5.</b> Does the organization have a Conflict of Interest policy?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	
<b>6.</b> Is the organization a for profit entity?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	

<b>7.</b> Did the organization subgrant or pass down any funds to another organization?			
<input type="checkbox"/> yes <input checked="" 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:	Hope Alive Inc
Organization Tax ID#:	88-1356767
Organization Fiscal Year End:	June 30 <sup>th</sup> , 2022
Mailing Address (street, city, state, zip code):	3459 Lackey St Lumberton, NC 28360
Phone Number (area code + number):	(571) 265-5981/ (910) 775-9090
Fax Number (area code + number):	(910) 775-9042
Contact Person:	Ronald Barnes
Contact Person Title:	President
E-Mail Address:	Ronbarnes1216@gmail.com

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
b. Expenditures		
Category	Dollar Amount	
Personnel	\$56,031.30	
Contracted Services	\$10,795.00	
<b>(a)Total Personnel/Contracted Svcs Costs:</b>	<b>\$66,826.30</b>	
Office Supplies & Materials	\$2,810.48	
Service Related Supplies	\$30,000	
<b>(b)Total Supplies &amp; Material Costs:</b>	<b>\$32,810.48</b>	
Travel	\$953.54	
Communications & Postage		
Utilities	\$2,115.91	
Printing & Binding		
Repair & Maintenance		
Meeting/Conference Expense		
Employee Training (no travel)		
Classified Advertising		
In-State Board Meeting Expenses		
<b>(c)Total Non-Fixed Operating Expense:</b>	<b>\$3,069.45</b>	
Office Rent (Land, Buildings, etc.)	\$6,000	
Furniture Rental		
Equipment Rental (Phones, Computers, etc.)		
Vehicle Rental (purchase)	\$86,350.95	
Dues & Subscriptions		
Insurance & Bonding	\$11,447.26	
Books/Library Reference Materials		
Mortgage Principal, Interest and Bank Fees		
<b>(d)Total Fixed Charges &amp; Other Expenses:</b>	<b>\$103,798.21</b>	
Buildings & Improvements	\$26,496	
Leasehold Improvements		
Furniture/Non-Computer Equip., \$500+ per item		
Computer Equipment/Printers, \$500+ per item		
Furniture/Equip., under \$500 per item		
<b>(e)Total Property &amp; Equipment Outlay:</b>	<b>\$26,496</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>\$233,000.44</b>

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

Beginning of the year cash balance	<b>\$3,750,000</b>
End of the year cash balance	<b>\$4,766,999.56</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:	Hope Alive Inc
Recipient Tax ID #	88-1356767
Project/Activity Title:	Drug Rehabilitation/ Therapeutic Center
Recipient's Fiscal Year End:	June 30 <sup>th</sup> , 2022
Report Completion Date:	August 17 <sup>th</sup> , 2022
Preparer of This Report:	Ronald Barnes

**1. What were the original goals and expectations for the activity supported by this grant?**  
 The original goals were to open a long-term drug and therapeutic center, provide professional services in the areas of mental health and drug addiction, and to provide a reintegration program that will assist clients in becoming productive members of society.

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

**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 facility is not yet opened; however, we are working diligently in developing a state of the art program that will address drug addiction from a holistic manner. Our concern will be the complete person- mind, body and spirit. We will offer an extensive medically assisted treatment program (MAT Program) along with physical and educational programs.

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

We are in the process of developing relationships with major corporations, private foundations and local individuals and businesses. We are also looking into beginning for-profit businesses that will fund the project.

**5. Provide a plan for how the programs, services, and/or activities supported by these funds will continue beyond the 2021-2023 fiscal biennium.**

The funds provided have and will continue to assist in startup and initial functioning of the program, but the services will continue. Many services that will be provided will be able to receive insurance and MCO reimbursements for such services.

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