

# STATE GRANT COMPLIANCE REPORTING

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

<b>1. Organization:</b>	
Organization Name:	Living Free Ministries, Inc.
Organization Tax ID #:	263337535
Project/Activity Title:	Renovation and improvement of the retail capacity and functionality of our retail store on 521 W Elm Street in Graham, NC
Reporting Period:	<b>July 1, 2021 through June 30, 2022</b>
Organization Fiscal Year End:	December 31
Mailing Address (street, city, state, zip code):	1230 Walnut Grove Lane, Snow Camp, NC 27349
Phone Number (area code + number):	336-376-5066
Fax Number (area code + number):	NA
Contact Person:	Jerry D. Doss, Jr. (Jay)
Contact Person Title:	Executive Director
E-Mail Address:	<a href="mailto:livingfreejay@gmail.com">livingfreejay@gmail.com</a> , <a href="mailto:christie@livingfreeministries.net">christie@livingfreeministries.net</a>

<b>2. Preparer:</b> [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Christie Doss	Employee	
Phone Number: 336-376-5066		

<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>
Jerry D. Doss, Jr.	President
Christie Doss	
Tommy McGuire	
Heath Rudd	
Terry Sturdivant	

<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>This grant is providing store upgrades and maintenance that support vocational training for our residents that will provide skills and opportunities for future employment. It also aids and supports in continual progression of alcohol and substance abuse recovery as well as provides safe housing and future opportunity.</b>				
<b>5. Does the organization have a Conflict of Interest policy?</b>	<input checked="" type="checkbox"/>	yes	<input type="checkbox"/>	no
<b>6. Is the organization a for profit entity?</b>	<input type="checkbox"/>	yes	<input checked="" 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"/> 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.

*This grant is providing store upgrades and maintenance that support vocational training for our residents. The residents have received training in such areas as furniture building and refinishing, retail merchandising, and building maintenance. Some of the program graduates have completed their programs and ventured into self-employment that utilized the skill obtained. These skills acquired will continue to provide opportunities for future employment. The sales and revenue opportunities created through this grant have continued to help provide the needed supplies for our alcohol and substance abuse recovery programs that also source safe housing and future opportunities.*

## SCHEDULE OF RECEIPTS AND EXPENDITURES

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

9. Organization:	
Organization Name:	Living Free Ministries, Inc.
Organization Tax ID#:	263337535
Organization Fiscal Year End:	December 31
Mailing Address (street, city, state, zip code):	1230 Walnut Grove Lane, Snow Camp, NC 27349
Phone Number (area code + number):	336-376-5066
Fax Number (area code + number):	NA
Contact Person:	Jerry D. Doss, Jr.
Contact Person Title:	Executive Director
E-Mail Address:	livingfreejay@gmail.com

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
NCDHHS	State Directed Grant	
b. Expenditures		
Category	Dollar Amount	
Personnel		
Contracted Services		
<b>(a)Total Personnel/Contracted Srvcs Costs:</b>		
Office Supplies & Materials	<b>4286.44</b>	
Service Related Supplies		
<b>(b)Total Supplies &amp; Material Costs:</b>		
Travel		
Communications & Postage		
Utilities		
Printing & Binding		
Repair & Maintenance	<b>2209.31</b>	
Meeting/Conference Expense		
Employee Training (no travel)		
Classified Advertising		
In-State Board Meeting Expenses		
<b>(c)Total Non-Fixed Operating Expense:</b>		
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		
<b>(d)Total Fixed Charges &amp; Other Expenses:</b>		
Buildings & Improvements		
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>		
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>6495.75</b>

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

Beginning of the year cash balance	21400
End of the year cash balance	48175

**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:	Living Free Ministries, Inc.
Recipient Tax ID #	263337535
Project/Activity Title:	Renovation and improvement of the retail capacity and functionality of our retail store on 521 W Elm Street in Graham, NC
Recipient's Fiscal Year End:	December 31
Report Completion Date:	July 15, 2022
Preparer of This Report:	Christie Doss
<p><b>1. What were the original goals and expectations for the activity supported by this grant?</b></p> <p><b>This grant is providing store upgrades and maintenance that support vocational training for our residents that will provide skills and opportunities for future employment. It also aids and supports in continual progression of alcohol and substance abuse recovery as well as provides safe housing and future opportunity.</b></p>	
<p><b>2. If applicable, how have those goals and expectations been revised or refined during the course of the project?</b></p> <p><b>No revisions or refinement at this time.</b></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.**

*This grant is providing store upgrades and maintenance that support vocational training for our residents. The residents have received training in such areas as furniture building and refinishing, retail merchandising, and building maintenance. Some of the program graduates have completed their programs and ventured into self-employment that utilized the skill obtained. These skills acquired will continue to provide opportunities for future employment. The sales and revenue opportunities created through this grant have continued to help provide the needed supplies for our alcohol and substance abuse recovery programs that also source safe housing and future opportunities.*

*This grant is currently supporting 25 men and 12 women at one time learning new skills. In addition, the funds raised through the sell of goods produced at this location continue to provide recovery education, safe housing, and 777 hot meals per week to those we serve.*

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

**This grant will provide the funds needed to bring building and equipment upgrades that will continue to support the mission of the organization. Once the project is complete the funds generated by these improvements will continue increase based on the growth in space/capacity. We plan to utilize the space to create more capacity so that we may serve more men and women in crisis and continue to provide the vocational training, safe housing, meals, and educational training to support long-term sobriety.**

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

