

STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	
Organization Name:	Local Start Dental, Inc.
Organization Tax ID #:	83-3397388
Project/Activity Title:	Office of Rural Health Directed Grant Award
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	12/31
Mailing Address (street, city, state, zip code):	370 Jackson Street, Durham, NC 27701
Phone Number (area code + number):	919-569-5533
Fax Number (area code + number):	919-924-0907
Contact Person:	Colleen O'Keefe
Contact Person Title:	Business Director
E-Mail Address:	Colleen.okeefe@localstartdental.org

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Colleen O'Keefe		
Phone Number: 919-569-5533		

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
See attached *	*as of 12/31/21

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: Funds are to be used for clinical services and to purchase supplies and dental equipment. Funds will support free and low-cost dental services in Durham, NC.

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

7. 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

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.

2021 Original Board Members (8)

Mark Scurria---Chairman

Doug Brown---Treasurer

Desiree Palmer

Vincent Allison

Wendy Clark

Tomm Sharpe

Steve Boggan (appointed during year)

Rhama Samow (appointed during year)

SCHEDULE OF RECEIPTS AND EXPENDITURES

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

9. Organization:	
Organization Name:	Local Start Dental, Inc.
Organization Tax ID#:	83-3397388
Organization Fiscal Year End:	12/31
Mailing Address (street, city, state, zip code):	370 Jackson Street, Durham, NC 27701
Phone Number (area code + number):	919-569-5533
Fax Number (area code + number):	919-924-0907
Contact Person:	Colleen O'Keefe
Contact Person Title:	Business Director
E-Mail Address:	Colleen.okeefe@localstartdental.org

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
b. Expenditures		
Category	Dollar Amount	
Personnel	290,407	
Contracted Services		
(a)Total Personnel/Contracted Svcs Costs:	290,407	
Office Supplies & Materials		
Service Related Supplies	131,336	
(b)Total Supplies & Material Costs:	131,336	
Travel		
Communications & Postage		
Utilities	*Only providing costs related to the grant.	
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)	421,743

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	620,880
End of the year cash balance	357,088

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:	Local Start Dental, Inc.
Recipient Tax ID #	83-3397388
Project/Activity Title:	Office of Rural Health Directed Grant Award
Recipient's Fiscal Year End:	12/31
Report Completion Date:	7/11/2022
Preparer of This Report:	Colleen O'Keefe

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

Local Start Dental is a nonprofit dental clinic opened in October, 2021. It was created to bridge a serious gap in dental care by making advanced training and resources available to a low-income population who are missing some or all their teeth or have advanced decay. We are evolving into a regional dental education and treatment center, focused on providing low-cost and free specialized care for low-income and uninsured adults in Durham and the surrounding areas. Lack of access to dentures and tooth replacement is a serious challenge for the elderly, uninsured, and under-insured patients that has been made exponentially more difficult during these pandemic years.

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

As we approach our first anniversary, we are more convinced than ever of the need for the services offered by Local Start Dental. We have been pleased with the patient response and progress made, and have navigated a few challenges as our new clinic and unique operating model have moved from start-up to full service. This year, we have refined the process for patient eligibility to make our services more readily available to patients to qualify for free service. We feel confident that we are ready for our second year of operations with a great team and an important mission.

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.

Many of our patients have not visited a dentist in a long time and have suffered physically, emotionally, and economically from the lack of dental care. The average cost for our clinic to provide extractions and dentures is \$1,318, but almost half of our patients pay nothing at all and 95% receive discounted services. Thanks to this grant, we are able to offer more tooth replacement services to more low-income community residents.

The care provided to date includes:

- 481 extractions
- 96 complete dentures (most provided at a 75% discount or free)
- 153 dental implants

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

This is an ongoing need in our communities and we plan to continue to provide low cost and pro bono services to our friends and neighbors in Durham and the surrounding counties.

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